



# Research Finance Actions



United States Army Financial  
Management Command  
Operational Support Team



## Resources



- VOLUME 7A: MILITARY PAY POLICY AND PROCEDURES - ACTIVE DUTY AND RESERVE PAY
- Active Component Military Pay Process Manual (MPPM)
- Military Pay E- messages
- JFTR, Vol. 1
- AR 600-8-10
- AR 601-2
- AR 37-104-4
- DFAS-IN Manual 7-1



# ALLOTMENTS




DoD 7000.14-R, Volume 7A, Chapter 42, 43  
Active Component - Military Pay Process Manual,  
Chapter 15





# ALLOTMENTS

## ALLOTMENTS ARE:

-  Designed to help members adjust finances to military service.
-  Payments made on behalf of member deducted from Pay and Allowance.
-  A convenience and privilege not to be exploited and abused.



# Allotments

## DoD 7000.14-R, Volume 7A, Chapter 42, 43



### # Rules

- No more than 6 purely discretionary
- No more than 1 to the same allottee
- Sent by direct deposit/EFT
- DJMS-AC uses Company Codes for all allotments except individual payments for dependants and mortgages.

AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT			
PRIVACY ACT STATEMENT			
<p><b>AUTHORITY:</b> 37 U.S.C. Section 701, E.O. 9397.</p> <p><b>PRINCIPAL PURPOSE:</b> To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes, and stops are in keeping with member's desires.</p> <p><b>ROUTINE USES:</b> In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records of information contained therein may specifically be disclosed outside the DoD as a routine use to the Federal Reserve banks to distribute payments made through the direct deposit system to financial organizations or their processing agents authorized by individuals to receive and deposit payments in their accounts. It may also be disclosed to the Treasury Department, Internal Revenue Service, Social Security Administration, Department of Veterans Affairs, Federal, state and local agencies for civil or criminal law enforcement. In addition it can be released for any of the blanket routine uses published at the beginning of the DFAS compilation of system of record notices.</p> <p><b>DISCLOSURE:</b> Voluntary; however, failure to provide the requested information as well as the Social Security number may result in the member not being able to start, change, or stop allotments.</p>			
TO BE COMPLETED BY ALLOTTER			
1. BRANCH OF SERVICE (X one) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY	2. NAME OF ALLOTTER (Last, First, Middle Initial) (Print or type)	3. SSN	4. PAY GRADE
5. ADDRESS OF ALLOTTER (Street or Box Number, City, State, ZIP Code)	6. DAYTIME TELEPHONE NUMBER (Include Area Code)	7. EFFECTIVE DATE (YYYYMM)	8. MONTHLY AMOUNT OF ALLOTMENT \$
9. NAME OF ALLOTTEE (First, Middle Initial, Last)	10. ALLOTMENT ACTION (X one) <input type="checkbox"/> START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE		11. TERM IN MONTHS
12. CREDIT LINE (If applicable)	13. ALLOTMENT CLASS AUTHORIZED (X one) <input type="checkbox"/> C - CHARITY/CFC <input type="checkbox"/> D - DISCRETIONARY ALLOTMENTS (Includes dependent support, payment to financial institution, insurance, repayment of home loan, rent, etc. (Notes 1 and 2)) <input type="checkbox"/> F - CHARITY - EMERGENCY/ASSISTANCE FUND CONTRIBUTION <input type="checkbox"/> L - REPAYMENT OF LOAN TO SERVICE ORGANIZATION (Red Cross, Relief Society, etc. - Navy and Marine Corps only) <input type="checkbox"/> N - NSLI OR USGLI INSURANCE PREMIUM <input type="checkbox"/> T - PAYMENT OF DEBTS TO U.S., DELINQUENT STATE OR LOCAL INCOME/EMPLOYMENT TAXES <input type="checkbox"/> - OTHER (Specify)		
14. ALLOTTEE'S MAILING ADDRESS (Street or Box Number, City, State, ZIP Code)			
15. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS (Province, Country)			
16. REMARKS			
17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER	18. ACCOUNT NUMBER/POLICY NUMBER	CHECKING SAVINGS	
	19. TOTAL CLASS L AMOUNT \$	20. TOTAL CLASS T AMOUNT \$	
STATEMENT OF UNDERSTANDING			
<p>I understand that this allotment is legal and that by voluntarily completing this form, I am responsible for:</p> <ul style="list-style-type: none"><li>- Ensuring that the information is correct;</li><li>- Reviewing my Leave and Earnings Statement to ensure the allotment stops, starts, or changes as directed including amount and payee;</li><li>- Collecting overpayments from the receiver (payee) of the allotment, if I do not change or stop the allotment after a loan is repaid;</li><li>- Contacting the receiver (payee) of the allotment, at my expense, to obtain monthly statements for my personal records.</li></ul> <p>I also understand that any problems once the allotment is delivered to the receiver (payee) are beyond the control of the Defense Finance and Accounting Service (DFAS) and that DFAS is only responsible for ensuring proper delivery of any voluntary allotment for the period directed. I further understand that pursuant to conditions listed in the DoD 7000.14-R, Volume 7A, changes can be made by DFAS to an allottee's name, address, or account number.</p>			
21. SIGNATURE OF ALLOTTER		22. DATE (YYYYMMDD)	
<p><b>NOTE 1.</b> Must be different address than allotter. Each dependent allotment must have a different credit line. Only one support allotment per dependent is allowed.</p> <p><b>NOTE 2.</b> This is a voluntary allotment and can be to any payee you desire.</p>			





# Allotments - Researching

## DoD 7000.14-R, Volume 7A, Chapter 42

- After selecting “A” category
- Verify each open entry
- Research according to inquiry type
  - Allotment not started
    - Process AS/AD 01 to start
  - Account number incorrect
    - Verify Acct-PLCY-NR on opened AS/AD
    - Process AS/AD 02 to stop, then process AS/AD 01 to correct the Acct number if necessary

```
Mechanicsburg DJMS - RUMBA Mainframe Display
File Edit View Connection Transfer Options Tools Help

SSAN (OR CMD) ----- NEW REQ ? --- PRINT - NAME -----
('X' TO EXIT, PF##, PB##)  PF8 OR ENTER = PAGE FORWARD  PF7 = PAGE BACK
-- PERSONAL DATA - PRIVACY ACT OF 1974 --- CURRENT WMPA AS OF 05/04/08 ---
SHELT 35 A 01 OF 01
04 MJ: LB:3800 LC:4815 SA:A SX:1 TK:000714 TU:091226 TH:091226
FIXED/OPEN/HISTORY
AV NR OF ALLOTMTS* ENTRY-OPEN-DT 000000 00 00 0 NR 01
AZ ALOTMT FLASH* ENTRY-OPEN-DT 000000 00 00 0 CODE 0
AS IND BANK ACCT* ENTRY-OPEN-DT 050109 08 01 2 ACTN 01 EFF 0501 RCPNT-TYPE
7 ALOT-AMT 180.00 ACCT-PLCY-NR 003920107873 TYPE-OF-ACCT C CO H124612
AC-CHARITY* ENTRY-OPEN-DT 041229 04 01 1 ENTRY-CLSD-DT 051227 01 01 1 ACTN
02 EFF 0501 STOPPED-PAID-THRU 0512 RCPNT-TYPE 3 PROJ-ST 0512 ALOT-AMT
2.00 CO T003894 CL-C-TOT-AMT 24.00
AF-AF ASSISTANCE FUND* ENTRY-OPEN-DT 040528 03 06 1 ENTRY-CLSD-DT
050526 04 06 1 ACTN 02 EFF 0406 STOPPED-PAID-THRU 0505 RCPNT-TYPE 3
PROJ-ST 0505 ALOT-AMT 2.00 CO L000387 CL-F-TOT-AMT 24.00
** END OF INQUIRY.
```



# Allotments - Processing

## DoD 7000.14-R, Volume 7A, Chapter

### 42, 43



AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT			
PRIVACY ACT STATEMENT			
AUTHORITY: 37 U.S.C. Section 701, E.O. 9397.			
PRINCIPAL PURPOSE: To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes, and stops are in keeping with member's desires.			
ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records of information contained therein may specifically be disclosed outside the DoD as a routine use to the Federal Reserve banks to distribute payments made through the direct deposit system to financial organizations or their processing agents authorized by individuals to receive and deposit payments in their accounts. It may also be disclosed to the Treasury Department, Internal Revenue Service, Social Security Administration, Department of Veterans Affairs, Federal, state and local agencies for civil or criminal law enforcement. In addition it can be released for any of the blanket routine uses published at the beginning of the DFAS compilation of system of record notices.			
DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the Social Security number may result in the member not being able to start, change, or stop allotments.			
TO BE COMPLETED BY ALLOTTER			
1. BRANCH OF SERVICE (X one) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY	2. NAME OF ALLOTTER (Last, First, Middle Initial) (Print or type)	3. SSN	4. PAY GRADE
6. ADDRESS OF ALLOTTER (Street or Box Number, City, State, ZIP Code)	6. DAYTIME TELEPHONE NUMBER (Include Area Code)	7. EFFECTIVE DATE (YYYYMM)	8. MONTHLY AMOUNT OF ALLOTMENT \$
9. NAME OF ALLOTTEE (First, Middle Initial, Last)	10. ALLOTMENT ACTION (X one) <input type="checkbox"/> START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE	11. TERM IN MONTHS	
12. CREDIT LINE (If applicable)	13. ALLOTMENT CLASS AUTHORIZED (X one) C - CHARITY/CFC D - DISCRETIONARY ALLOTMENTS (Includes dependent support, payment to financial institution, insurance, repayment of home loan, rent, etc. (Notes 1 and 2)) F - CHARITY - EMERGENCY/ASSISTANCE FUND CONTRIBUTION L - REPAYMENT OF LOAN TO SERVICE ORGANIZATION (Red Cross, Relief Society, etc. - Navy and Marine Corps only) N - NSLI OR USGLI INSURANCE PREMIUM T - PAYMENT OF DEBTS TO U.S., DELINQUENT STATE OR LOCAL INCOME/EMPLOYMENT TAXES - OTHER (Specify)		
14. ALLOTTEE'S MAILING ADDRESS (Street or Box Number, City, State, ZIP Code)			
15. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS (Province, Country)			
16. REMARKS			
17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER	18. ACCOUNT NUMBER/POLICY NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
19. TOTAL CLASS E AMOUNT \$		20. TOTAL CLASS F AMOUNT \$	
<input type="checkbox"/> STATEMENT OF UNDERSTANDING I understand that this allotment is legal and that by voluntarily completing this form, I am responsible for: - Ensuring that the information is correct; - Reviewing my Leave and Earnings Statement to ensure the allotment stops, starts, or changes as directed including amount and payee; - Collecting overpayments from the receiver (payee) of the allotment, if I do not change or stop the allotment after a loan is repaid; - Contacting the receiver (payee) of the allotment, at my expense, to obtain monthly statements for my personal records. I also understand that any problems once the allotment is delivered to the receiver (payee) are beyond the control of the Defense Finance and Accounting Service (DFAS) and that DFAS is only responsible for ensuring proper delivery of any voluntary allotment for the period directed. I further understand that pursuant to conditions listed in the DoD 7000.14-R, Volume 7A, changes can be made by DFAS to an allottee's name, address, or account number.			
21. SIGNATURE OF ALLOTTER		22. DATE (YYYYMMDD)	
NOTE 1. Must be different address than allotter. Each dependent allotment must have a different credit line. Only one support allotment per dependent is allowed. NOTE 2. This is a voluntary allotment and can be to any payee you desire.			

DD FORM 2558, SEP 2002 PREVIOUS EDITION IS OBSOLETE.

Reset

AS01 Start - Savings Allotment	
Member Information	
SSN	987654321
Name	JRAGI
Cycle: Z1 Julian Date: 045	
Action Type	
<input checked="" type="radio"/> Start <input type="radio"/> Stop <input type="radio"/> Change <input type="radio"/> Increase <input type="radio"/> Decrease	
Transaction Information	
Start Year Month	0602 ...
Amount Paid	200.00
Account/Policy Number	987456321
Type of Account	C - Checking ▾
Company Code	0000240 ...
Input Source	
GI	
OK Cancel Prefill Inquiry History Print Help	



## MMPA TABLE INQUIRY - Allotments



# To Research Allotments within DJMS  
Utilize the MMPA Table inquiry

- Select FID T27: the following FIDs are provided
  - Allotment Category
  - C5 - Check Cancellation - Allotment
  - LC - Servicing ADSN
  - MC - Member's Name
  - N9 - Central Site Unique Transaction
  - SH - PCS departure





## MMPA TABLE INQUIRY - Allotments

SSAN (OR CMD) ----- NEW REQ ? --- PRINT - NAME -----  
( 'X' TO EXIT, PF##, PB##) PF8 OR ENTER - PAGE FORWARD PF7 - PAGE BACK  
-- PERSONAL DATA - PRIVACY ACT OF 1974 --- CURRENT MMPA AS OF 12/11/08 --  
123456789 MORRI 35 A **T27** 01 OF 04  
11 MJ: LB:3800 **LC:4809** SA:A SX:1 TK:970228 TU:180228 TH:180228  
FIXED/OPEN/HISTORY  
**AV** NR OF ALLOTMTS\* ENTRY-OPEN-DT 000000 00 00 0 NR 02  
**AZ** ALOTMT FLASH\* ENTRY-OPEN-DT 000000 00 00 0 CODE 0  
**AI** COMM INS\* ENTRY-OPEN-DT 120403 07 04 1 ACTN 01 EFF 1204 RCPNT-TYPE 3  
ALOT-AMT 10.30 ACCT-PLCY-NR 579827605 TYPE-OF-ACCT H CO N904546  
**AS** IND BANK ACCT\* ENTRY-OPEN-DT 090130 05 02 1 ACTN 07 EFF 0902 RCPNT-TYPE  
7 ALOT-AMT 258.00 ACCT-PLCY-NR 579827605 TYPE-OF-ACCT S CO H014102  
**AD**-DEPN SUPP TL SUPPORT\* ENTRY-OPEN-DT 110826 01 09 1 ENTRY-CLSD-DT  
120830 04 09 1 ACTN 02 EFF 1109 STOPPED-PAID-THRU 1208 RCPNT-TYPE 3  
ALOT-AMT 247.94 ACCT-PLCY-NR 579827605 TYPE-OF-ACCT P RLTNHP CO  
X092380 CRED-LINE JEROME MORRIS  
AI-COMM INS\* ENTRY-OPEN-DT 100503 06 05 1 ENTRY-CLSD-DT 120326 01 04 1 ACTN  
02 EFF 1005 STOPPED-PAID-THRU 1203 RCPNT-TYPE 3 ALOT-AMT 12.69  
ACCT-PLCY-NR 579827605 TYPE-OF-ACCT H CO N904280  
AS-IND BANK ACCT\* ENTRY-OPEN-DT 111110 11 11 2 ENTRY-CLSD-DT 121003 08 10 1  
ACTN 02 EFF 1111 STOPPED-PAID-THRU 1209 RCPNT-TYPE 7 ALOT-AMT 180.00  
ACCT-PLCY-NR 003920107873 TYPE-OF-ACCT C CO H124612  
**C5** ENTRY NO DATA FOUND.  
**MC** PERS NA\* ENTRY-OPEN-DT 020910 09 09 2 NAME MORRIS JEROME  
**SH** ENTRY NO DATA FOUND.







# Military Leaves

Army Regulation 600-8-10  
Active Component - Military Pay Process  
Manual Chapter 6



# LEAVE ENTRIES

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-  The MMPA contains a record of the member's leave account.
-  Leave balances are automatically adjusted at the beginning of each month to include leave accrued for the new month.
-  Leave absences are changes in status and are reported as such using a status FID.
-  After the leave status entry has been posted, the leave entries on the MMPA will be adjusted automatically.





# Leaves

## Army Regulation 600-8-10

### Active Component - Military Pay Process

### Manual Chapter 6



## # Rules

- accumulate 30 days of leave per year
- accrued at the rate of 2½ days for each month of active service
- Combat Zone Tax Exclusion Leave (CZTE) will be charged ahead of all other leave

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER	
<small>This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is ODCSPER. (See instructions on reverse.)</small>					
PART I					
2. NAME (Last, First, Middle Initial)		3. SSN		4. RANK	
5. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER		8. ORGN. STATION, AND PHONE NO.	
9. NUMBER DAYS LEAVE					
a. ACCRUED		b. REQUESTED		c. ADVANCED	
d. EXCESS		e. FROM		f. TO	
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION/SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
14. DEPARTURE					
a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY	
15. EXTENSION					
a. NUMBER DAYS		b. DATE APPROVED		c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY	
16. RETURN					
a. DATE		b. TIME		c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY	
17. REMARKS					
Chargeable leave is from _____ to _____					
PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:					
For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD		22. ARRIVED APOE (return only)	
23. ARRIVED HOME UNIT					
PART III - DEPENDENT TRAVEL AUTHORIZATION					
24. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP					
25. <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP		c. DATES OF BIRTH (Children)	
d. PASSPORT NUMBER					
PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION					
26. DESIGNATION AND LOCATION OF HEADQUARTERS				27. ACCOUNTING CITATION	
28. DATE ISSUED		29. TRAVEL ORDER NUMBER		30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION	

DA FORM 31, SEP 93

EDITION OF 1 AUG 75 IS OBSOLETE

ORIGINAL 1

USAPPC V4-00



# Leaves - Researching Army Regulation 600-8-10



## Active Component - Military Pay Process Manual Chapter 6

Enter “**B**” for inquiries requesting **leave balance**

- BAL-CM; states total amount days available

Lost Leave inquiries

- “BR”-closed; states total days lost for prior FY
  - Submit **approved** SLA memorandum; open CMS case to recoup leave

**Charged Leave**

- “**SB**” closed; states last leave dates taken
  - Leave not taken; process SB06 to cancel processed period

Mechanicsburg DJMS - RUMBA Mainframe Display

File Edit View Connection Transfer Options Tools Help

SSAN (OR CMD) ----- NEW REQ ? --- PRINT - NAME -----  
('X' TO EXIT, PF##, PB##) PF8 OR ENTER - PAGE FORWARD PF7 - PAGE BACK  
== PERSONAL DATA - PRIVACY ACT OF 1974 --- CURRENT MPPA AS OF 06/04/07 ==  
\*\*\*\*\* SHEL 35 B S \*\*\*\*\* 01 OF 02

04 MJ: LB:3000 LC:4815 SA:A SX:1 TK:000714 TU:091226 TH:091226  
FIXED/OPEN/HISTORY

BR LEAVE BALANCE\* ENTRY-OPEN-DT 050922 98 09 2 ACTN B3 START 051001  
BF-PRIOR-FY 30.5 ERND-FY 17.5 USED-FY 001 BAL-CM 47.0 NOT-ACRD-FY 0.0  
LOST-DAYS-CFY 000 XCS-FY 000 LOST 0.0 SETLMNT 2 EFF-DATE-LAST-TRANS  
060117

BR-LEAVE BALANCE\* ENTRY-OPEN-DT 040923 98 09 2 ENTRY-CLSD-DT 050922 98 09 2  
ACTN B3 START 041001 STOP 050930 BF-PRIOR-FY 32.5 ERND-FY 30.0 USED-FY  
032 BAL-CM 30.5 NOT-ACRD-FY 0.0 LOST-DAYS-CFY 000 XCS-FY 000 LOST 0.0  
SETLMNT 2 EFF-DATE-LAST-TRANS 050820

SA ON STN\* ENTRY-OPEN-DT 060207 09 02 1 ACTN B3 START 060118 STATS A  
SX NR OPEN STAT ENTRS\* ENTRY-OPEN-DT 000802 01 08 1 CMPTR-ENTRY-NR 1  
SA-ON STN\* ENTRY-OPEN-DT 050909 08 09 2 ENTRY-CLSD-DT 060207 09 02 1 ACTN  
02 START 050828 STOP 060116  
SA-ON STN\* ENTRY-OPEN-DT 050203 07 02 1 ENTRY-CLSD-DT 050909 08 09 2 ACTN  
02 START 050120 STOP 050819

SB-LV\* ENTRY-OPEN-DT 060207 09 02 1 ENTRY-CLSD-DT 060207 09 02 1 ACTN 03  
SPART 060117 RTRN 060117 AUTH-NR 060177 TYPE A ACCT-TYPE 1  
DAYS COUNT 001 ABFA 1 ENTRY-OPEN-CLOS A

SB-LV\* ENTRY-OPEN-DT 050909 08 09 2 ENTRY-CLSD-DT 050909 08 09 2 ACTN 03

Ready Running SSL APL NUMFLD OVR CAP NI





# Leaves - Processing

## Army Regulation 600-8-10

### Active Component - Military Pay Process

### Manual Chapter 6



**REQUEST AND AUTHORITY FOR LEAVE**  
This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10.  
The proponent agency is ODCSPER. (See instructions on reverse.)

**1. CONTROL NUMBER**  
0055

**PART I**

2. NAME (Last, First, Middle Initial)  
QUICK, Howard Z.

3. SSN  
123-45-6789

4. RANK  
E-4

5. DATE  
20 Sep 93

6. HOME ADDRESS (Last, First, Middle Initial, City, State, ZIP Code and Phone No.)  
2 Jackson Avenue  
Woodbridge, VA 22191  
(703) 555-1234

7. TYPE OF LEAVE  
☒ ORDINARY ☐ EMERGENCY  
☐ PERMISSIVE TDY ☐ OTHER

8. ORGN, STATION, AND PHONE NO.  
Co B, 2d Bn, 3d Inf  
14th Inf Div  
Ft Harris, VA 22222

9. NUMBER DAYS LEAVE  
a. ACCRUED 20  
b. REQUESTED 8  
c. ADVANCED N/A  
d. EXCESS N/A  
e. FROM 22 Sep 93  
f. TO 29 Sep 93

10. DATES

11. SIGNATURE OF REQUESTOR  
Harold J. Quick

12. SUPERVISOR RECOMMENDATION/SIGNATURE  
[Signature] APPROVAL ☐ DISAPPROVAL ☐

13. SIGNATURE AND TITLE OF APPROVING AUTHORITY  
Janice B. Taylor, CPT

14. DEPARTURE  
a. DATE 22 Sep 93  
b. TIME 0030 hrs  
c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY

15. EXTENSION  
a. NUMBER DAYS  
b. DATE APPROVED  
c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY

16. RETURN  
a. DATE 29 Sep 93  
b. TIME 2100 hrs  
c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY

17. REMARKS

Chargeable leave is from 22 Sep 93 to 29 Sep 93

**PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL**

18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.

19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:

For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC):  
Should you require other assistance call PAP:

20. DEPARTED UNIT  
21. ARRIVED APOD  
22. ARRIVED APOE (return only)  
23. ARRIVED HOME UNIT

**PART III - DEPENDENT TRAVEL AUTHORIZATION**

24. ☐ (Space available or required cash reimbursable) ☐ ONE WAY ☐ ROUND TRIP  
☐ (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25

**DEPENDENT INFORMATION**

a. DEPENDENTS (Last name, First, MI)  
b. RELATIONSHIP  
c. DATES OF BIRTH (Children)  
d. PASSPORT NUMBER

**PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION**

26. DESIGNATION AND LOCATION OF HEADQUARTERS  
27. ACCOUNTING CITATION

28. DATE ISSUED  
29. TRAVEL ORDER NUMBER  
30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

DA FORM 31, SEP 93  
EDITION OF 1 AUG 75 IS OBSOLETE

**SB03 - Report - Leave Status**

Member Information  
SSN 123456789 Name DOE J Cycle: J1 Julian Date: 241

Action Type  
☐ Start ☐ Stop ☒ Report ☐ Correct ☐ Cancel ☐ Start\_Recyc ☐ Report\_Rec

Transaction Information  
Start Date  Stop Date   
Date Depart Perm Duty Station   
Date Return Perm Duty Station   
Military Leave Type   
Leave Days Granted   
Leave Area   
Leave Authorization Number   
Excess Leave Days Granted   
Date Depart Designated Area   
Date Arrive CONUS Or Overseas   
Date Depart CONUS Or Overseas   
Date Return Designated Area

Input Source AW

OK Cancel Prefill Inquiry History Print Help





Leaves - Processing  
Army Regulation 600-8-10  
Active Component - Military Pay Process  
Manual Chapter 6



**Military Pay E-Message 10-043**

The Department of Defense has designated the **land areas of Iraq and Afghanistan** as NCR&R areas. The NCR&R leave program for Iraq and Afghanistan is effective 23 March 2010. Soldiers mobilized/deployed to designated NCR&R locations, which meet established eligibility requirements (270 days boots on ground), may receive an administrative absence of up to 15 days to be used in conjunction with benefits provided under the standard chargeable R&R leave program.

Soldiers authorized NCR&R must still submit a DA form 31 with their final travel settlement voucher to Defense Finance and Accounting Service (DFAS) to account for the NCR&R period, the same as Soldiers taking regular R&R.



## Special Leave Accrual

10 U.S.C. § 701 : US Code - Section 701

- # The intent of Special Leave Accrual is to provide relief to Service members who are not allowed leave when undergoing lengthy deployment or during periods of special operations.
- # Service members who serve on active duty for a continuous period of at least 120 consecutive days in an area in which they are entitled to Special Pay for Duty Subject to Hostile Fire or Imminent Danger under the provisions DoD 7000.144-R may accumulate up to 120 days leave at the end of the fiscal year.





# Special Leave Accrual

## 10 U.S.C. § 701 : US Code - Section

### 701: Entitlement and accumulation

(Leave/entry)

(Office Symbol) (MARKS)

MEMORANDUM THRU Commander, FORSCOM, ATTN: XXXX-XX, Fort McPherson, GA 30330-6000

FOR Commander, PERSCOM, ATTN: TAPC-PDO, ALEX VA 22333-0474

SUBJECT: Special Leave Accrual—(Rank) (First, Middle, Last name), (Social security number (SSN))

1. Request special leave accrual be approved for (Rank) (Name). The following information is provided for consideration:

- Command was notified of deployment requirement (Date).
- The requirement was directed by (example: JCS).
- Unclassified name of the requirement is (name—example: SILVER HAWK).
- Unclassified information concerning the nature of the requirement follows:
  - A classified contingency requirement developed due to the need to defend national security.
  - Nature of the requirement includes a deployment to (Location) for the purpose of ( ).
- The soldier was notified of the requirement on (Date).
- The soldier deployed (Date) and returned from the deployment on (Date).
- My annual leave program aggressively supports the use of 30 days leave each year.
- Soldier was able to take leave on ( ) and other occasions during the fiscal year.

(Office Symbol)

SUBJECT: Special Leave Accrual—SFC Jake J. Jones, 123-45-6789

- Soldier had taken (Number) days leave prior to notification of the deployment. Soldier was scheduled to take an additional (Number) days of leave beginning (Date).
- The soldier took (Number) days leave after notification of deployment but was precluded from taking any more leave before deployment because ( ).
- The soldier was precluded from taking leave during the deployment because ( ).
  - The soldier lost (Number) days leave at the end of the fiscal year.
  - Point of contact (POC) is (Name), Defense Switched Network (DSN) (Number).

(authority line):

(Signature block of

(Date)

BR LEAVE BALANCE\* ENTRY-OPEN-DT 060311 12 03 2 ACTN 05 START 051001  
BF-PRIOR-FY 99.5 ERND-FY 20.0 USED-FY 018 BAL-CM 101.5 NOT-ACRD-FY 0.0  
LOST-DAYS-CFY 000 XCS-FY 000 LOST 0.0 SETLMNT 2 EFF-DATE-LAST-TRANS  
060311  
BS HFP CZ LV BAL\* ENTRY-OPEN-DT 041213 13 12 2 BF-ENTRY-CZ 57.0 ERN-CZ 32.5  
CZ-CON 75.0 LEAVE-CODE 1 ARV-HFP 041208 DEPRAT-HFP 051203 FY-EXPTN-DATE  
2009 EFF-DATE-LAST-TRANS 060210 FORMAT-ID SB  
BT TAX EXEMPT LEAVE BALANCE\* ENTRY-OPEN-DT 060102 03 01 1 ACTN B3 ARV-ZONE  
041208 DEPRAT-ZONE 051203 ERND-ZONE 32.5 USED-ZONE 18.0 BAL-ZONE 14.5  
ADV-PR-ZONE 0.0 OFF-ENLST E EFF-DATE-LAST-TRANS 060210 ENTRY-OPEN-CLOSD  
0  
BR-LEAVE BALANCE\* ENTRY-OPEN-DT 050922 98 09 2 ENTRY-CLSD-DT 060311 12 03 2  
ACTN 06 START 051001 STOP 000000 BF-PRIOR-FY 82.0 ERND-FY 15.0 USED-FY  
018 BAL-CM 79.0 NOT-ACRD-FY 0.0 LOST-DAYS-CFY 000 XCS-FY 000 LOST 17.5  
SETLMNT 2 EFF-DATE-LAST-TRANS 060311  
BR-LEAVE BALANCE\* ENTRY-OPEN-DT 050829 01 09 1 ENTRY-CLSD-DT 050922 98 09 2  
ACTN 05 START 041001 STOP 050930 BF-PRIOR-FY 79.5 ERND-FY 30.0 USED-FY  
010 BAL-CM 99.5 NOT-ACRD-FY 0.0 LOST-DAYS-CFY 000 XCS-FY 000 LOST 0.0




- o approval authority: CDR 05 or above
- o CDR will not approve SLA until after the FY when it becomes known how much leave soldier will lose.
- o CG, AHRC, per AR 600-8-10, is the approval authority for requests for special leave accrual
- o Accrued SLA must be used before the end of the third fiscal year after the fiscal year in which the qualifying service ended





# COLLECTION ENTRIES

 Collection FIDs are used primarily for transactions to report:

-  Cash Collection Vouchers
-  Cancelled or returned Pay Checks (other than EFT).
-  Collection or check cancellation or allotments.

 Collection entries have a net effect of crediting a members pay account.

 Collection transactions to credit cancelled or undeliverable allotment checks must always indicate type of allotment that established collection.

 Collection entries for cash collections of debts must have an offsetting indebtedness and must indicate indebtedness type.

---



# Collections

**C2-CASH CLCTN INDEBT\*** ENTRY-OPEN-DT 001205 01 12 1 ENTRY-CLSD-DT 001205 01 12

1 NTRL-CODE 2 ~~CLCTN-DATE~~ **001101** CLCTN-AMT **1,303.17** INDEBT-TYPE VOU-NR **CV000001** GOVT-AGENCY A ADSN 8371

**DV-INDEBT REPAY ADV\*** ENTRY-OPEN-DT 001205 01 12 1 ENTRY-CLSD-DT 001205 01 12 1

CNTRL-CODE 2 ACTN 03 START 001201 STOP 001231 DEDTN-MM 1,216.30 DEDTN-CM

1,216.30 DEDTN-NM 0.00 DEDTN-AMT **1,216.30** ADV G SPEC-INDEBT 2,085.00

BAL-DUE-CM 0.00 2-RPAY-INDCTR 1 RSN-SUSPN 0 VOU-NR AA000494 CLCTN-AMT 1,129.43 MAX-REPAY 0201

**DV-INDEBT REPAY ADV\*** ENTRY-OPEN-DT 001205 01 12 1 ENTRY-CLSD-DT 001205 01 12 1

CNTRL-CODE 2 ACTN 02 START 000201 STOP 001130 DEDTN-MM 86.87 DEDTN-CM DEDTN-NM 0.00 DEDTN-AMT **86.87** ADV G SPEC-INDEBT 2,085.00

0.00 Member paid Advance Pay Debt with

2 ~~DDM 131~~ 2-RPAY-INDCTR 1 RSN-SUSPN 0 VOU-NR AA000494 CLCTN-AMT 86.87 MAXREPAY

0203 was processed in **DJMS**

o DV Fixed entry -- Closed

DD1131  
paid

11/01/00

#CV000001

DV closed,  
no  
collection  
NM.  
\$86.87  
collected



# Deductions (Debts)

Active Component – Military Pay Process Manual  
Chapter 18,  
DoDFMR Volume 7B, Chapter 28

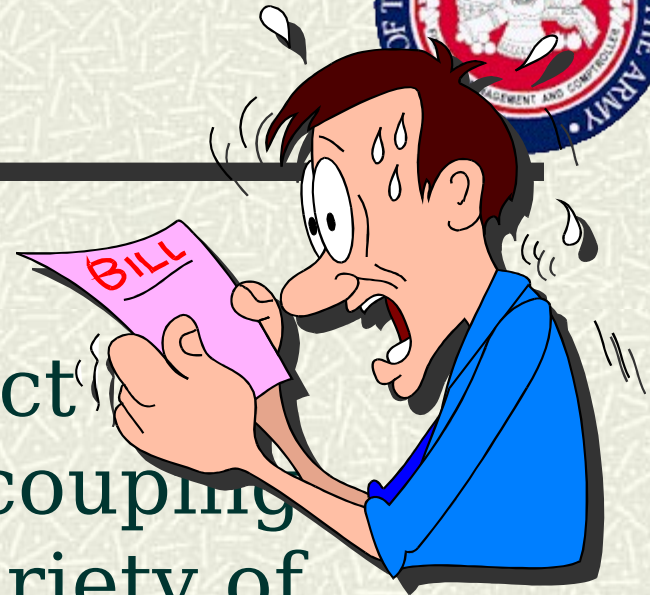




# *Debts*



Indebtedness involves the act of the government recouping money owed for a variety of reasons, by a member or their dependents. Money is collected from a member in one of three ways - cash, voluntary deduction or involuntary deduction.





# COLLECTIONS FOR MILITARY RELATED DEBTS



- # MMPA fixed DZ entry identifies if the member has any open DQ, DV or DW entries on their account.

DZ DEDUCTIONS\* ENTRY-OPEN-DT 980122 96 01 2

INDEBTEDNESS CODE 0

**DZ DEDUCTIONS\* ENTRY-OPEN-DT 990407 11 04 1**

**INDEBTEDNESS CODE B**

## **DATA CODES**

0 = No applicable entries present

1 = DV only

2 = DV & DQ

3 = DV & DW

4 = DV & DW & DQ

B = DQ only

C = DW only

E = DQ & DW

**Indebtedne  
ss entry  
Code**





## DF- Monetary Punishment

# E8 - This FID creates a DF entry on the MMPA to start deduction of Forfeitures and detained pay due to non-judicial punishment

action.

02 MJ: LB:3899 LC:4830 SA:K SX:1 TK:050512 TU:080215  
TH:080215 FIXED/OPEN/HISTORY

**DF MONTRY PNSHMT\*** ENTRY-OPEN-DT 051206 09 12 1 CNTRL-  
CODE 0 ACTN 01 **START 051129** DEDTN-MM 411.00 DEDTN-CM  
822.00 AMT-SPEC-DEDTN-NM-MM 411.00 DEOTN-NM 822.00 **UCMJ-**  
**TYPE 1 UCMJ-SOURCE 2 SPEC-INDEBT 6,576.00** BAL-DUE-CM  
4,055.20 **MOS-FORF-DETND 08 UCMJ-AMT 822.00** TYPEDISCH 0  
RSN-HELL

- 1- General Court Martial
- 2- Special Court Martial
- 3- Summary Court Martial
- 4 - Non judicial punishment

- 1 - Partial Forfeiture
- 2- Total Forfeiture
- 3- Detention
- 4- Fine



# DF- Monetary Punishment



RECORD OF PROCEEDINGS UNDER ARTICLE 15, UCMJ																								
For use of this form, see AR 27-10, the implement agency in T-14G.																								
See Notes on Reverse Before Completing Form																								
NAME AGER, Robert L.	GRADE E4	SSN 000-10-0000	UNIT D Co, 1/5 Inf, Ft Blank, VA 00000																					
			PAY (Basic & Sea/Foreign) 1,695.60																					
<p>1. I am considering whether you should be punished under Article 15, UCMJ, for the following misconduct: <sup>1/</sup> In that you did, on or about 0600 hours, 21 Sep 05, without authority, fail to go at the time prescribed to your appointed place of duty, to wit: Formation, D Co, 1/5 Inf, in front of building 15. This is in violation of Article 86, UCMJ.</p> <p>2. You are not required to make any statements, but if you do, they may be used against you in this proceeding or at a trial by court-martial. You have several rights under this Article 15 proceeding. First I want you to understand I have not yet made a decision whether or not you will be punished. I will not impose any punishment unless I am convinced beyond a reasonable doubt that you committed the offense(s). You may ordinarily have an open hearing before me. You may request a person to speak on your behalf. You may present witnesses or other evidence to show why you shouldn't be punished at all (matters of defense) or why punishment should be very light (matters of extension and mitigation). I will consider everything you present before deciding whether I will impose punishment or the type and amount of punishment I will impose. <sup>2/</sup>If you do not want me to dispose of this report of misconduct under Article 15, you have the right to demand trial by court-martial instead. <sup>3/</sup>In deciding what you want to do you have the right to consult with legal counsel located at Room 7, Building 10, Fort Blank, VA. You now have 48 hours to decide what you want to do. <sup>4/</sup></p> <table border="1"><tr><td>DATE 21 Sep 05</td><td>NAME, GRADE, AND ORGANIZATION OF COMMANDER JAMES A. SMITH, CPT, D Co, 1/5 Inf</td><td>SIGNATURE <i>James A. Smith</i></td></tr><tr><td>TIME 0800</td><td colspan="2"></td></tr></table> <p>3. Having been afforded the opportunity to consult with counsel, my decisions are as follow: (Initial appropriate blocks, date, and sign)</p> <p>a. <input type="checkbox"/> I demand trial by court-martial.</p> <p>b. <input checked="" type="checkbox"/> I do not demand trial by court-martial and in the Article 15 proceedings:</p> <p>(1) I request the hearing be <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed. (2) A person to speak in my behalf <input type="checkbox"/> is requested. (3) Matters in defense, mitigation, and/or extension: <input type="checkbox"/> Are not presented <input checked="" type="checkbox"/> Will be presented in person <input type="checkbox"/> Are attached.</p> <table border="1"><tr><td>DATE 23 Sep 05</td><td>NAME AND GRADE OF SERVICE MEMBER ROBERT L. AGER, SPC</td><td>SIGNATURE <i>Robert L. Ager</i></td></tr></table> <p>4. In an <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed hearing <sup>5/</sup> all matters presented in defense, mitigation, and/or extension, having been considered, the following punishment is imposed: <sup>5/ 6/</sup> Reduction to the grade of Private First Class, (E3), suspended, to be automatically remitted if not vacated before 23 Jan 06; and forfeiture of \$100.00 pay.</p> <p>[NOTE: Refer to Para 3-37b(1) prior to completing item 5]</p> <p>5. <del>You are advised of your right to appeal to the</del> <sup>7/</sup> <del>within 5 calendar days. An appeal made after that time may be rejected as untimely. Punishment is effective immediately unless otherwise stated above.</del></p> <table border="1"><tr><td>DATE 23 Sep 05</td><td>NAME AND GRADE OF SERVICE MEMBER ROBERT L. AGER, SPC</td><td>SIGNATURE <i>Robert L. Ager</i></td></tr></table> <p>7. (Initial appropriate block, date, and sign)</p> <p>a. <input type="checkbox"/> I do not appeal. b. <input checked="" type="checkbox"/> I appeal and do not submit additional matters <sup>8/ 9/</sup> c. <input type="checkbox"/> I appeal and submit additional matters <sup>8/ 9/</sup></p> <table border="1"><tr><td>DATE 23 Sep 05</td><td>NAME AND GRADE OF SERVICE MEMBER ROBERT L. AGER, SPC</td><td>SIGNATURE <i>Robert L. Ager</i></td></tr></table> <p>8. I have considered the appeal and it is my opinion that: The proceedings were conducted in accordance with law and regulation and the punishments imposed were not unjust nor disproportionate to the offense committed.</p> <table border="1"><tr><td>DATE 27 Sep 05</td><td>NAME AND GRADE OF JUDGE ADVOCATE LEWIS H. RANE, MAJ</td><td>SIGNATURE <i>Lewis H. Rane</i></td></tr></table> <p>9. After consideration of all matters presented in appeal, the appeal is: <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Granted as follows: <sup>10/</sup></p> <table border="1"><tr><td>DATE 30 SEP 05</td><td>NAME, GRADE, AND ORGANIZATION OF COMMANDER LYMAN Z. LIPE, LTC, 1/5 INF</td><td>SIGNATURE <i>Lyman Z. Lipe</i></td></tr></table> <p>10. I have seen the action taken on my appeal. <sup>11/ 12/ 13/</sup> 30 Sep 05 <i>Robert L. Ager</i></p> <p>11. ALLIED DOCUMENTS AND/OR COMMENTS "Paragraph 3-18(f)(1), AR 27-10 complied with." statement by SFC Jones, dated 22 Sep 05</p>				DATE 21 Sep 05	NAME, GRADE, AND ORGANIZATION OF COMMANDER JAMES A. SMITH, CPT, D Co, 1/5 Inf	SIGNATURE <i>James A. Smith</i>	TIME 0800			DATE 23 Sep 05	NAME AND GRADE OF SERVICE MEMBER ROBERT L. AGER, SPC	SIGNATURE <i>Robert L. Ager</i>	DATE 23 Sep 05	NAME AND GRADE OF SERVICE MEMBER ROBERT L. AGER, SPC	SIGNATURE <i>Robert L. Ager</i>	DATE 23 Sep 05	NAME AND GRADE OF SERVICE MEMBER ROBERT L. AGER, SPC	SIGNATURE <i>Robert L. Ager</i>	DATE 27 Sep 05	NAME AND GRADE OF JUDGE ADVOCATE LEWIS H. RANE, MAJ	SIGNATURE <i>Lewis H. Rane</i>	DATE 30 SEP 05	NAME, GRADE, AND ORGANIZATION OF COMMANDER LYMAN Z. LIPE, LTC, 1/5 INF	SIGNATURE <i>Lyman Z. Lipe</i>
DATE 21 Sep 05	NAME, GRADE, AND ORGANIZATION OF COMMANDER JAMES A. SMITH, CPT, D Co, 1/5 Inf	SIGNATURE <i>James A. Smith</i>																						
TIME 0800																								
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DATE 30 SEP 05	NAME, GRADE, AND ORGANIZATION OF COMMANDER LYMAN Z. LIPE, LTC, 1/5 INF	SIGNATURE <i>Lyman Z. Lipe</i>																						

E801 Start - Nonjudicial Punishment Action	
Member Information	
SSN	111111111
Name	EDWAR
Cycle: Q0 Julian Date: 058	
Action Type	
<input checked="" type="radio"/> Start	<input type="radio"/> Cancel <input type="radio"/> Release
Transaction Information	
Start Date	<input type="text"/>
Months Forfeiture Detained Pay	<input type="text"/>
Monetary Punishment UCMJ Amount	<input type="text"/>
<input checked="" type="button"/> OK	
<input type="button"/> Cancel	
<input type="button"/> Prefill	
<input type="button"/> Inquiry	
<input type="button"/> History	
<input type="button"/> Print	
Input Source <input type="text"/> ME <input type="button"/> Help	





## **DG- GOVERNMENT PROPERTY LOSS DAMAGED OR DESTROYED (GPLD) REPORT OF SURVEY (DG)**



**#** When government property is lost, damaged or destroyed by a member

- collection from the member's pay is obtained
  - voluntary (cash collection)
    - DG01 is processed with at least a 3-month repayment schedule, and then a C203 (cash collection) transaction is processed to offset the DG indebtedness
    - A C903 must be processed to collect the C203
  - involuntary (monthly deduction of pay)
    - DG01 transaction is processed, posting a DG entry to the member's account for the amount of the liability.



# DG- GOVERNMENT PROPERTY LOSS DAMAGED OR DESTROYED (GPLD) REPORT OF SURVEY (DG)



21. APPOINTING AUTHORITY USARB COLUMBUS COMMANDER	22. STATION USARB COLUMBUS, COLUMBUS, OHIO 43215	23. DATE 26 APRIL 02
24. NAME, GRADE OF SURVEYING OFFICER PERKINS, LEE H., CPT, AG		
25. YOU ARE APPOINTED SURVEYING OFFICER BY ORDER OF: RUSSELL H. RECTOR, LTC, AR, COMMANDING (Typed name, grade of Appointing Authority)		
26. FINDINGS AND RECOMMENDATION I have examined all available evidence as shown in exhibit same and it is my belief that the article(s) listed herein and/or attached to show, total cost \$ 6,990.57 As lost as a result of simple negligence on the part of SSG Smith, who was at fault. Although evidence collected does support that SSG Smith was not cited for this accident, the command specifically discussed this type of weather and driving conditions on Safety Stand Down Day. However, the combination of exhibit A and SSG Smith's sworn statement and police report, clearly show that SSG Smith was driving too fast for weather conditions at 0400. SSG Smith has been driving at a slower speed, looking ahead on the road for possible ice spots and paying closer attention to his driving. This accident could have been avoided if SSG Smith should have anticipated problems. Because on a slick surfaces, any abrupt maneuver will increase the probability of losing control of the vehicle. Skids can be avoided by anticipating lane changes, turns and curves by slowing down in advance, and by making smooth precise movements of the steering wheel. Recommendation: SSG Smith should be held financially liable in the amount of \$2417.40.		
RECOMMEND PECUNIARY CHARGE	a. ACTUAL LOSS \$6,990.57	b. AMOUNT CHARGED \$2,417.40
c. LOSS TO GOVERNMENT \$4,573.17		
27. DATE 26 APRIL 02	28a. TYPED NAME, GRADE OF SURVEYING OFFICER PERKINS, LEE H. CPT, AG	b. SIGNATURE <i>Lee H. Perkins</i>
29. I have examined the findings and recommendations of the Surveying Officer on this report of survey and the exhibits to this report and I agree to make a statement which is attached hereto; I do not desire to make a statement. I am aware of my right to legal advice in preparing the statement and, if a pecuniary charge is finally approved, to make appeal and (2) an extended appeal; my right to request remission of indebtedness. I am not the accountable officer for the loss or damaged property. The property was/has not my personal arms or equipment.		
30. DATE 020505	32a. TYPED NAME, GRADE OF INDIVIDUAL BEING CHARGED SSG Smith, Kevin L.	b. SIGNATURE <i>Kevin L. Smith</i>
31. RECOMMENDATION BY THE APPOINTING AUTHORITY <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR	34. COMMENTS should be held financially liable,	
35. DATE 22 MAY 02	36a. TYPED NAME, GRADE & TITLE OF APPOINTING AUTH RUSSELL H. RECTOR, LTC, AR, COMMANDING	b. SIGNATURE <i>Russell H. Rector</i>
37. APPROVING AUTHORITY a. <input type="checkbox"/> REJECTED. Investigation is required. Appoint a survey officer. Date _____ Initials _____ b. <input type="checkbox"/> REJECTED. Investigation incomplete. Additional information required. Date _____ Initials _____ c. <input checked="" type="checkbox"/> APPROVED BY AUTHORITY OF THE SECRETARY OF THE ARMY.	38. PECUNIARY CHARGE a. ACTUAL LOSS \$6990.57 b. AMOUNT CHARGED \$2417.40 c. LOSS TO GOVERNMENT \$4573.17	
To hold SSG Smith financially liable in the amount of \$2417.40. SSG Smith was pay at the time of loss was \$2417.40.		
39. DATE 7 June 02	40a. TYPED NAME, GRADE & TITLE OF APPROVING AUTH JEFFREY G. COLLEY, LTC, MP CHIEF OF STAFF	b. SIGNATURE <i>Jeffrey G. Colley</i>

DG01 Start - Indebtedness GPLD or Report of Survey

Member Information

Cycle: L9 Julian Date: 045

SSN 123456789 Name GIJOE

Action Type

☒ Start ☐ Stop ☐ Change ☐ Correct ☐ Cancel ☐ Suspend ☐ Resume ☐ Remit

Transaction Information

Start Year Month 9904

Total Amount of Indebtedness 2417.40

Monthly Deduction Amount 95.68

Calendar Year 99

ADSN 0000

Report Survey Number

OK

Cancel

Prefill

Inquiry

History

Print

Help

Input Source CW

REPORT SURVEY NUMBER MUST BE PRESENT

Information in this system is covered by the Privacy Act of 1974 and must be protected from unauthorized access or use. For Official Use Only.





## **MMPA TABLE INQUIRY - Indebtedness**



**# To Research Indebtedness within DJMS  
Utilize the MMPA Table inquiry**

- **Select FID T13: the following FIDs are provided**
  - Collections Category
  - Deductions/Debts Category
  - Suspense Group
  - LC – Servicing ADSN
  - MC – Member’s Name
  - N8 – Miscellaneous Indebtedness Pending
  - N9 – Central Site Unique Transactions
  - P9 – Refunds: Other than allotments



# TAX PROCESSING

---





# TAX PROCESSING

# DJMS-AC displays the tax information in the F category on the Master Military Pay Account (MMPA)

# M... e for  
with

The screenshot shows a terminal window titled "DJMS - RUMBA Notebook" with a menu bar (File, Edit, View, Connection, Transfer, Options, Tools, Notebook, Help) and a toolbar. The main display area contains the following text:

```
SSAN (OR CMD) ----- NEW REQ ? --- PRINT - NAME -----  
( 'X' TO EXIT, PF##, PB##) PF8 OR ENTER - PAGE FORWARD PF7 - PAGE BACK  
-- PERSONAL DATA - PRIVACY ACT OF 1974 --- CURRENT MMPA AS OF 06/09/21 --  
                                01 OF 09  
09 MJ: LB:3800 LC:4837 SA:A SX:1 TK:000507 TU:080324 TH:080324  
FIXED/OPEN/HISTORY  
MG TXNG AUTH CITY/STATE* ENTRY-OPEN-DT 990920 16 09 2 TAX-AUTH-CITY @  
TAX-AUTH-STATE 48  
FC SOC SEC WHLDG* ENTRY-OPEN-DT 060523 22 05 2 DEDTN-MM 52.45 DEDTN-CM  
104.90 DEDTN-NM 104.90 DEDTN-YTD 840.34 WAGES-CM 1,692.00 WAGES-NM  
1,692.00 SOC-SEC-WAGES-YTD 13,554.00 TAX-YEAR 06  
FH MEDICARE WHLDG* ENTRY-OPEN-DT 060523 22 05 2 DEDTN-MM 12.26 DEDTN-CM  
24.53 DEDTN-NM 24.53 DEDTN-YTD 196.53 WAGES-CM 1,692.00 WAGES-NM  
1,692.00 MCARE-WAGES-YTD 13,554.00 TAX-YEAR 06  
FJ FED WHLDG* ENTRY-OPEN-DT 060718 15 07 2 DEDTN-MM 95.02 DEDTN-CM 190.05  
DEDTN-NM 190.05 DEDTN-YTD 1,157.05 WAGES-CM 1,692.00 WAGES-NM 1,692.00  
FED-WAGES-YTD 10,688.63 START-W4 0512 DEDTN-ELECTN S NR-XMPTNS 00  
ADTNL-AMT 0.00 TAX-YEAR 06  
FK STATE WHLDG* ENTRY-OPEN-DT 051222 98 12 2 START 0512 DEDTN-MM 0.00  
DEDTN-CM 0.00 DEDTN-NM 0.00 DEDTN-YTD 0.00 WAGES-CM 0.00 WAGES-NM 0.00  
STATE-WAGES-YTD 0.00 START-W4 0512 DEDTN-ELECTN S NR-XMPTNS 00  
ADTNL-AMT 0.00 PRCNTGE 00.0 STATE-ID 48 TAX-YEAR 06  
FC-SOC SEC WHLDG* ENTRY-OPEN-DT 051201 06 12 1 ENTRY-CLSD-DT 060114 95 01 2  
CNTRL-CODE 2 DEDTN-MM 151.87 DEDTN-CM 303.75 DEDTN-NM 76.58 DEDTN-YTD
```

At the bottom of the window, there is a status bar with the text "Ready" on the left and "Running" in the center. Above the status bar, there are several colored buttons: "NEW", "SRD", "PTR", "DJMS PRINTER", and "DJMS".



# TAX PROCESSING

Cut here and give Form W-4 to your employer. Keep the top part for your records.

**Form W-4** **Employee's Withholding Allowance Certificate** OMB No. 1545-0074 **2011**

Department of the Treasury  
Internal Revenue Service

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Type or print your first name and middle initial. Last name

2 Your social security number

Home address (number and street or rural route)

City or town, state, and ZIP code

3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.  
Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ ☐

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption.

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here. ▶ 7

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature  
(This form is not valid unless you sign it.) ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (EIN)

Date ▶

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form W-4 (2011)

**FJ04 Change - Federal Income Tax Withholding (FITW)**

Member Information

SSN 222222222 Name DDDDD

Cycle: A9 Julian Date: 033

Action Type

☒ Change ☐ Correct ☐ Recycle

Transaction Information

Start Date of W4

Deduction Election

Number of Exemptions

Additional Withholding Amount

OK

Cancel

Prefill

Inquiry

History

Print

Help

Input Source TT





# TAX PROCESSING

## STATE OF LEGAL RESIDENCE CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Tax Reform Act of 1976, Public Law 94-455.

PURPOSE: Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

ROUTINE USES: Information herein will be furnished State authorities and to Members of Congress.

MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

NAME (Last, first, middle initial)

SOCIAL SECURITY NUMBER (SSN)

LEGAL RESIDENCE/DOMICILE (City or county and State)

### INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401 (a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/ domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/ domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable

## MG04 Change - Tax Authority City or State

### Member Information

Cycle: P2 Julian Date: 004

SSN 123456789

Name RUAGI

### Action Type

☒ Change

☐ Recycle

### Transaction Information

Tax Authority  
(City /State)

008 - Colorado

Percentage

- (Blank)

OK

Cancel

Prefill

Inquiry

History

Print

Help

Input Source

GI



## MMPA TABLE INQUIRY - Taxes

# To Research Taxes within DJMS Utilize the MMPA Table inquiry

- Select FID T08: the following FIDs are provided
  - **DQ: Overpayment of Military Pay & Allowances**
  - **FC: FICA Wages & Deductions**
  - **FE: Advance Payment: EIC**
  - **FF: FITW Deduction Election**
  - **T08 Tax Elections\Exemptions**
  - **FG: FITW Exemptions**
  - **FJ: FITW Wages & Deductions**
  - **FS: SITW Wages & Deductions**
  - **MG: City\State Taxing Authority**





# BASIC ALLOWANCE FOR SUBSISTENCE (BAS) DoDFMR Vol. 7A, CH 25



## DODFMR, section 250102.B

- Enlisted BAS. This is the **standard rate** of BAS to be paid to enlisted members unless they qualify for and have proper authorization (Commander) for a higher rate of BAS.
- Officer BAS: – A single rate of BAS applies to all officers. The BAS entitlement is paid at a monthly rate





## DoDFMR Paragraph 250105

**# Restrictions.** Military members are not entitled to BAS under the following conditions:

1. When undergoing Basic Military Training.
2. When in excess leave status.
3. When in an AWOL status in excess of 24 hours.
4. When on an approved educational leave.
5. When a member with no dependents is training for Olympic Games.
6. When serving a court-martial sentence that includes confinement



# BASIC ALLOWANCE FOR SUBSISTANCE (BAS) DoDFMR Vol. 7A, CH 25



40 BAS\* ENTRY-OPEN-DT 060101 99 01 1 CNTRL-CODE 0 ACTN Z4  
START 060101 ENTLMT-MM 136.13 ENTLMT 272.26 ENTLMT-NM  
272.26 BAS-TYPE S  
40-BAS\* ENTRY-OPEN-DT 050101 99 01 1 ENTRY-CLSD-DT 060101 99  
01 1  
CNTRL-CODE 2 ACTN Z4 START 050101 STOP 051231 ENTLMT-MM  
0.00 ENTLMT 0.00 ENTLMT-NM 0.00 MNTLY-RATE 267.18 BAS-TYPE  
S

Standard Enlisted BAS  
(Type S) for enlisted  
Officer BAS (Type O)  
for officers





# BASIC ALLOWANCE FOR SUBSISTENCE (BAS)

## DoDFMR Vol. 7A, CH 25



**Start Date:** Must contain a valid date in YYMMDD format. Enter the member's authorized date to mess separately. Date must be equal to or prior to the current date and equal to or greater than 020101

4001 - Start - Basic Allowance for Subsistence (Bas)

Member Information Cycle: Z1 Julian Date: 046

SSN 123456789 Name EDWAR

Action Type

☒ Start ☐ Stop ☐ Report ☐ Change ☐ Correct ☐ Cancel ☐ Recycle

Transaction Information

Start Date 050822 ...

Allowance Type S - Standard Enlisted BAS (must be > or = C)

OK Cancel Prefill Inquiry History Print Help

Input Source EE



# BASIC ALLOWANCE FOR SUBSISTANCE (BAS) DoDFMR Vol. 7A, CH 25



- # Meal Collections. A Military member being paid BAS must pay for all meals or rations received from a government mess or provided on behalf of the government. This is a personal obligation of the individual. When payment is made through pay account collection, it is not considered a deduction from or reduction of the entitled BAS, it is a collection for debt owed to the government. Some examples of mandatory pay account collections are field duty, Essential Unit Messing (EUM), and Essential Station Messing (ESM).





# BASIC ALLOWANCE FOR SUBSISTENCE (BAS) DoDFMR Vol. 7A, CH 25



- # The 40 (BAS) entry is offset by the DN (Meal Deductions) entry for BAS under either of two deduction rates:
  - (1) Discounted: Applied against the standard rate of BAS for enlisted members subsisted by a government messing facility
  - (2) Standard: Applied against the standard rate of BAS for enlisted members who receive a supplemental subsistence allowance (per diem under travel orders)



# BASIC ALLOWANCE FOR SUBSISTANCE (BAS) DoDFMR Vol. 7A, CH 25



## Standard Rations DA Form 4187

Soldier's rations are effective 10 Sep. Input a DN02, Stop Meal Collection effective 9 Sep. Make sure that the members BAS type is "S" for Standard Rations

**DN01 - Start - Meal Collections**

Member Information Cycle: D6 Julian Date: 202

SSN  Name

Action Type

☒ Start ☐ Stop ☐ Report ☐ Correct ☐ Cancel

Transaction Information

Start Date

Meal Deduction Type

1 - Discounted Rate; charge for food costs only.  
2 - Standard or full meal rate; charge for both food costs and related s

Input Source

**ENTRY MUST CONTAIN DATA**





# Basic Allowance for Housing JFTR, Chapter 10

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# Basic Allowance for Housing Joint Federal Travel Regulations, Chapter 10



## # TYPES

- ***BAH Partial***: Difference in basic pay between the 1980 and 1981 reallocated pay raises and what those basic pay rates would have been had the raise not been reallocated. The rate is fixed from those years and does not change
- ***BAH Diff***: Difference in Basic Allowance for Quarters (BAQ) with dependents and BAQ without dependents for the member's grade as of 31 December 1997, increased each year by the average pay raise percentage
- ***BAH Transit***: Transit rate varies depending on old PDS location and the type of housing allowance received





# Basic Allowance for Housing Joint Federal Travel Regulations, Chapter 10



## STARTS

- PDS starts on the member's reporting day to a new PDS

## STOPS

- On the day before the member departs in compliance with a PCS order, or
- Upon assignment to Gov't quarters

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA) <small>For use of this form, see 37 USC 403; the proponent agency is ASA (PM).</small>				PRIVACY ACT STATEMENT			
<b>1. NAME (Last, First, MI)</b>				<b>AUTHORITY:</b> 37 USC 403; Public Law 96-343; EO 9397.			
<b>2. SOCIAL SECURITY NUMBER</b>				<b>PRINCIPLE PURPOSE:</b> To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).			
<b>3. GRADE</b>				<b>ROUTINE USE:</b> To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA; GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.			
<b>4. TYPE OF ACTION</b>				<b>DISCLOSURE IS VOLUNTARY:</b> Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.			
<b>5. DUTY LOCATION</b> <small>(Include Station, Name, City, State, and Zip Code)</small>				<b>6. DATE/ACTION</b> <small>(YYMMDD)</small>		<b>7. BAQ TYPE</b>	
						<input type="checkbox"/> WITH DEPENDENTS <input type="checkbox"/> WITHOUT DEPENDENTS	
<b>8. MARITAL/DEPENDENCY STATUS</b>				<b>9. QUARTERS ASSIGNMENT/AVAILABILITY</b>			
<b>a. SINGLE</b>				<b>a. ADEQUATE</b> <small>(see block 11)</small>			
<b>b. MARRIED</b> <small>(see blocks 11, 12 &amp; 13)</small>				<b>b. INADEQUATE</b> <small>(see blocks 11, 12 &amp; 14)</small>			
<b>c. DIVORCED</b> <small>(see blocks 11, 12 &amp; 13)</small>				<b>c. TRANSIENT</b> <small>(see block 13)</small>			
<b>d. LEGALLY SEPARATED</b> <small>(see blocks 11, 12 &amp; 13)</small>				<b>d. NOT AVAILABLE</b>			
<b>e. DEPENDENT CHILD</b> <small>(see blocks 14, 15 &amp; 16)</small>							
<b>(1) Spouse/Former Spouse SSN</b>		<b>(2) Spouse/Former Spouse Duty Station</b>		<b>(3) Date of Marriage, Divorce/Separation</b>		<b>(1) QUARTERS NO.</b>	
						<b>(2) FAIR RENTAL VALUE \$</b>	
<b>(4) Child in Custody of:</b>		<b>Member</b>		<b>Spouse</b>		<b>Former Spouse</b>	
						<b>Other</b>	
<b>(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.</b>				<b>(4) MEMBER ELECTION</b> <small>(Member in grade E7 and above)</small>			
<b>(6) If child support received from another military member, complete (1), (2) &amp; (3).</b>				<b>COMMANDER DETERMINATION</b> <small>(attach)</small>			
<b>10. DEPENDENTS/SHARERS</b> <small>(Continue on back if required)</small>							
<b>NAME OF DEPENDENT/SHARER</b>		<b>COMPLETE CURRENT ADDRESS</b> <small>(include ZIP Code)</small>		<b>RELATIONSHIP</b>		<b>DOB OF CHILDREN</b>	
<b>11. CERTIFICATION OF DEPENDENT SUPPORT</b>							
<b>I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior period/non-support.</b>							
<b>IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period</b>							
<b>12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON</b>							
<b>My permanent duty station:</b>		<b>My dependent's location:</b>		<b>Both my permanent duty station and dependent's location.</b>			
<b>a. Monthly Expenses:</b>		<b>Member</b>		<b>Dependent</b>		<b>b. Sharer/Lease Information</b>	
<b>(1) Mortgage (PITI) or Rent</b>						<b>c. Address Information</b>	
<b>(2) Insurance</b>						<b>(1) Rental/Residential Address:</b>	
<b>(3) Other</b>						<b>(1) Landlord's Name and Address:</b>	
<b>TOTALS</b>						<b>(2) Landlord's Phone No.</b>	
						<b>(4) Number of Sharers</b> <small>(show name(s) and address in block 10.)</small>	
<b>I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement.</b>							
<b>IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both.</b>							
<b>13. MEMBER'S SIGNATURE</b>		<b>14. DATE</b>		<b>15. CERTIFYING OFFICER'S SIGNATURE</b>		<b>16. DATE</b>	





Basic Allowance for Housing  
- Research  
Joint Federal Travel Regulations,  
Chapter 10



35 BAQ\* ENTRY-OPEN-DT 060101 99 01 1 ACTN Z4 START 060101  
ENTLMT-MM 0.15 ENTLMT 0.30 ENTLMT-NM 0.30 NR-DEPN 0 CLOST-  
DEPN A QTR-ASGN 2 QTR-ADQ 0 HELD-INDCTR 1  
68 VHA OFFSET\* ENTRY-OPEN-DT 060101 99 01 1 CNTRL-CODE 0  
ACTN Z4 START 060101 ENTLMT-MM 639.35 ENTLMT 1278.70  
ENTLMT-NM 1278.70 ACCOM 1 ZIP-CODE 23460 RENT 9,999.00  
SHARE-NR 1 RENT-STAT R

BAH entries are  
posted on the MMPA  
as a 35 entry.

actual entitlement is  
paid via the Variable  
Housing Allowance  
(VHA) entry (format-ID  
68) or the Overseas  
Housing Allowance  
(OHA)  
entry (format ID 43).



# Basic Allowance for Housing Joint Federal Travel Regulations, Chapter 10



AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA) For use of this form, see 37-104-3; the proponent agency is ASA (PM).				PRIVACY ACT STATEMENT			
1. NAME (Last, First, MI)				37 USC 403; Public Law 96-343; EO 9397.			
2. SOCIAL SECURITY NUMBER				PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).			
3. GRADE				ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts; and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.			
4. TYPE OF ACTION				DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.			
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)				DATE ACTION (YYMMDD)			
6. MARTIAL/DEPENDENCY STATUS				BAQ TYPE			
a. SINGLE				WITH DEPENDENTS			
b. MARRIED (see blocks (1), (2) & (3))				WITHOUT DEPENDENTS			
c. DIVORCED (see blocks (1), (2) & (3))				PARTIAL			
d. LEGALLY SEPARATED (see blocks (1), (2) & (3))				QUARTERS ASSIGNMENT/AVAILABILITY			
e. DEPENDENT CHILD (see blocks (4), (5) & (6))				1. QUARTERS			
(1) Spouse/Former Spouse SSN				(2) FAIR RENTAL VALUE \$			
(2) Spouse/Former Spouse Duty Station				(3) FROM: TO:			
(3) Date of Marriage, Divorce/Separation				(4) MEMBER ELECTION			
(4) Child in Custody of: Member Spouse Former Spouse Other				(5) COMMANDER DETERMINATION (attached)			
(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.				(6) If child support received from another military member, complete (1), (2), & (3).			
10. DEPENDENTS/SHARERS (Continue on reverse if required)				11. CERTIFICATION OF DEPENDENT SUPPORT			
NAME OF DEPENDENT/SHARER				I certify that I provide adequate support for the above named dependents and I am aware that failure to support the above named dependents may result in stopping BAQ and/or VHA.			
COMPLETE CURRENT ADDRESS (Include ZIP Code)				IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period.			
RELATIONSHIP				12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON			
DOB OF CHILDREN				My permanent duty station: My dependent's location: Both my permanent duty station and dependent's location.			
a. Monthly Expenses: Member Dependent				b. Sharer/Lease Information			
(1) Mortgage (PITI) or Rent				(1) Rental/Residential Address:			
(2) Insurance				(2) Effective Date: (3) Expiration Date: (2) Landlord's Phone No.			
(3) Other				(4) Number of Sharers (show name(s) and address in block 10J)			
TOTALS				I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement.			
13. MEMBER'S SIGNATURE				14. DATE			
15. CERTIFYING OFFICER'S SIGNATURE				16. DATE			

DA FORM 5960, SEP 90

REPLACES DA FORM 3286, JUL 80 AND DA FORM 5545, JUL 86 WHICH ARE OBSOLETE

USAPPC V2.00

### 3504 Change - Basic Allowance for Quarters (BAQ)

Member Information

SSN  Name

Cycle: A2 Julian Date: 158

Action Type

☐ Start ☐ Stop ☐ Report ☒ Change ☐ Correct ☐ Cancel ☐ Recycle

Transaction Information

Start Date

Government Quarters Assigned

Government Quarters Adequacy

Number of Dependents for BAQ

BAQ Dependent Code

Date of Birth Youngest Child

Rental Fair Value Percent

PCS BAQ Rate

Input Source





# Basic Allowance for Housing Joint Federal Travel Regulations, Chapter 10 68 entry



- START DATE:** Must contain a valid date in YYMMDD format, date must be equal to or prior to the current date.
- ZIP CODE:** Must contain a valid zip code (00601-99950).
- ACCOMPANIED STATUS:** Make a selection from the Drop-down list; choices are: 0 = Member is receiving Single BAQ 1 = Member is receiving Dependent BAQ
- RENT PAID:** Enter the actual amount of 999.99 for rent/mortgage.
- SHARE NUMBER:** Enter 1
- RENT STATUS:** Enter R.

**6801 Start - Variable Housing Allowance (VHA)**

Member Information  
SSN: [REDACTED] Name: REYES Cycle: Z1 Julian Date: 027

Action Type  
☒ Start ☐ Stop ☐ Report ☐ Change ☐ Correct ☐ Cancel ☐ Recycle

Transaction Information

Start Date	051019
Zip Code	71459
Accompanied Status	0 - Member is receiving Single BAQ
Rent Paid	1.00
Share Number	1 - Not sharing rent
Rent Status	R - Renter

Input Source: EE

OK Cancel Prefill Inquiry History Print Help





# Basic Allowance for Housing Joint Federal Travel Regulations, Chapter 10



## # Documents Needed:

- *Married to a Civilian spouse-DA 5960, marriage certificate*
- *Married to a service member-DA 5960, marriage certificate*
- *Claiming BAQ DIFF-DA 5960, birth certificate, proof of support **or** a notarized letter from guardian stating amount of payment and start and stop dates of payments.*
- *Divorce from Spouse-DA 5960, complete divorce decree*
- *Single E-6 and Above - DA 5960*



## **MMPA TABLE INQUIRY - BAH**

■ To Research BAH within DJMS Utilize the MMPA Table inquiry

■ Select FID T24: the following FIDs are provided

■ **DH: Rental Fair Value**

■ **LC: Servicing ADSN**

■ **LD: TDY ADSN**

■ **N0: Projected PCS  
Departure**

■ **TG: EAD (Officer)\DOE  
(Enlisted)**

■ **35: BAQ**

■ **36: BAQ-Diff**

■ **42: MIHA**

■ **43: OHA without MIHA**

■ **44: Interim OHA w/o  
MIHA**

■ **45: Dual OHA w/o MIHA**

■ **55: OHA with MIHA**

■ **56: Interim OHA with  
MIHA**

■ **57: Dual OHA with MIHA**

■ **65: FSA**

■ **66: Interim VHA**

■ **67: Dual VHA**

■ **68: VHA**



OHA  
JFTR, VOL.1, Chapter 10

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# OHA

## JFTR, VOL.1, Chapter 10



### ▪General

- Authorization to start, stop, or change OHA must be submitted on a DD Form 2367 "Individual Overseas Housing Allowance (OHA) Report."
- Rates depend on rank, location, and whether you have dependents.

### ▪BAH/OHA Differences

- BAH is CONUS, OHA is OCONUS.
  - BAH is a flat rate based on rank, dependency status, and PDS zip code
  - OHA is a cost-reimbursement based entitlement
-



# OHA

## JFTR, VOL.1, Chapter 10



- OHA Types
  - Without Dependents OHA-
  - With Dependents OHA-number of dependents doesn't matter
  - Partial BAH-Soldiers w/o dep's residing in single-type government quarters (Barracks, BEQ, or BOQ)
  - BAH-Diff-Soldiers paying child support and residing in single-type government quarters
- Family Separation Housing (FSH)
  - FSH-B = the w/o BAH rate for a different location (for the SM)
  - FSH-O = the w/o OHA rate for a different location
  - Payable when a member is separated from dep's and assigned to OCONUS PDS or dep travel delayed or restricted in CONUS



## OHA JFTR, VOL.1, Chapter 10

# Description – Overseas Housing Allowance (OHA) is a monthly entitlement provided to military members assigned in overseas locations to defray the significant costs of housing

### MMPA POSTING OHA — FID 43

```
43 OHA* ENTRY-OPEN-DT 060202 06 02 1 CNTRL-CODE 0 ACTN Z4 START 060201
ENTLMT-MM 707.30 ENTLMT 1,414.59 ENTLMT-NM 1,414.59 ACCOM 1 JTR-LCTN
KS045 RENT 850,000 CURR-CODE KS SHARE-NR 1 SHARE-CAT RENT-STAT R
UTIL-IND-ELEC 3 UTIL-IND-HEAT 2 UTIL-IND-AIR 2 UTIL-IND-WATER 1
UTIL-IND-TRASH 1 RENT-LEASE 060103
43-OHA* ENTRY-OPEN-DT 060119 14 01 2 ENTRY-CLSD-DT 060202 06 02 1
CNTRL-CODE 2 ACTN Z4 START 060116 STOP 060131 ENTLMT-MM 0.00 ENTLMT
0.00 ENTLMT-NM 0.00 MNTLY-RATE 1,385.12 ACCOM 1 JTR-LCTN KS045 RENT
850,000 CURR-CODE KS SHARE-NR 1 SHARE-CAT RENT-STAT R UTIL-IND-ELEC
3 UTIL-IND-HEAT 2 UTIL-IND-AIR 2 UTIL-IND-WATER 1 UTIL-IND-TRASH 1
RENT-LEASE 060103
43-OHA* ENTRY-OPEN-DT 060201 05 02 1 ENTRY-CLSD-DT 060201 05 02 1
CNTRL-CODE 2 ACTN 03 START 050515 STOP 050602 ENTLMT-MM 0.00 ENTLMT
763.52 ENTLMT-NM 0.00 MNTLY-RATE 1,347.39 ACCOM 0 JTR-LCTN KS045 RENT
950,000 CURR-CODE KS SHARE-NR 1 SHARE-CAT RENT-STAT R UTIL-IND-ELEC
3 UTIL-IND-HEAT 2 UTIL-IND-AIR 2 UTIL-IND-WATER 1 UTIL-IND-TRASH 1
RENT-I FASE 050515
```





# OHA

## JFTR, VOL.1, Chapter 10

INDIVIDUAL OVERSEAS HOUSING ALLOWANCE (OHA) REPORT		INTERAGENCY REPORT CONTROL NUMBER 0374-DOD-AR	
Before completing, read Privacy Act Statement and Warning on reverse side.		REPORT CONTROL SYMBOL DD-P&R(AR)1697	
<b>PART A - IDENTIFICATION AND HOUSING INFORMATION</b>			
1. SERVICEMEMBER		3. SERVICEMEMBER'S RESIDENCE ADDRESS (Street, Apt. No., City, Country)	
a. NAME (Last, First, Middle Initial)			
b. PAY GRADE	c. SSN	4. EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT (YYYYMMDD)	
d. DUTY STATION OR HOMEPORT	5. IN WHAT CURRENCY IS YOUR RENT OR MORTGAGE PAID? (X one) (See Instructions on reverse side if you pay rent three or more months in advance.)		
(1) Station Name	a. LOCAL CURRENCY (Specify name of currency. Report amount in Item 6.)		
(2) City	b. U.S. DOLLARS		
(3) Country	(4) Duty Phone	6. X THE APPROPRIATE BOX TO INDICATE WHETHER YOUR RESIDENCE IS LEASED OR OWNED AND GIVE THE MONTHLY RENTAL AMOUNT OR THE PURCHASE PRICE IN THE CURRENCY YOU SPECIFIED IN QUESTION 5.	
2. ARE YOU ENTITLED TO A COST-OF-LIVING OR OVERSEAS HOUSING ALLOWANCE FOR DEPENDENTS RESIDING ELSEWHERE? (X one)		a. LEASED/RENTED (Enter monthly rent below. If sharing, report TOTAL rent, not your share.)	
YES (Specify location)		b. OWNED (Enter original purchase price. Include only cost of home, EXCLUDE closing costs, taxes, etc.)	
NO or NOT APPLICABLE			
HOMEOWNERS, SKIP QUESTION 7 AND GO DIRECTLY TO QUESTION 8.			
7. UTILITIES (Excluding telephone) (X appropriate block)		8. TO DETERMINE IF YOU ARE A "SHARER" FOR HOUSING ALLOWANCE PURPOSES, ENTER AN X IN THE BOX AT LEFT FOR EACH CATEGORY OF INDIVIDUAL OCCUPYING YOUR RESIDENCE. FOR EACH CATEGORY YOU X, ENTER THE NUMBER REQUESTED IN THE BOX AT RIGHT, THEN RECORD THE TOTAL IN THE BOX AT THE BOTTOM. (NOTE: Do not count dependents unless covered by category c.)	
a. I SEPARATELY PAY FOR ALL UTILITIES. NONE ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD.		X a. MYSELF 1	
b. I DO NOT SEPARATELY PAY FOR ANY UTILITIES (excluding telephone). ALL UTILITIES ARE INCLUDED IN RENTAL/LEASE AGREEMENT AND PAID BY LANDLORD.		b. SPOUSE WHO IS ALSO A SERVICEMEMBER (Enter "1")	
c. I SEPARATELY PAY FOR SOME UTILITIES (excluding telephone) AND SOME ARE INCLUDED IN RENTAL/LEASE AGREEMENT.			

Homepage - All of the rates associated with Overseas Housing Allowance are easily accessed by logging onto the Per Diem Travel and Transportation Allowance Committee homepage found at website:<https://secureapp2.hqda.pentagon.mil/perdiem/>.



# OHA

## JFTR, Vol.1, Chapter 10

**Ch 10: Housing Allowances**

**Table of Contents**

### **CHAPTER 10**

### **HOUSING ALLOWANCES**

**Paragraph    Title/Contents**

#### **PART A: GENERAL INFORMATION**

**Ch 10: Housing Allowances**

**Table of Contents**

**Paragraph    Title/Contents**

**U10020    OHA – GENERAL**

- A. Purpose
- B. OHA and 'MALT-PLUS'
- C. Allowances Payable
- D. OHA Calculation

**U10022    OHA DETERMINING MONTHLY RENT**

- A. General
- B. Sharers
- C. Private Sector Housing Owned
- D. Maximum Rental Allowance

**U10024    OHA UTILITY/RECURRING MAINTENANCE ALLOWANCE**

- A. Monthly Allowance
- B. Rent Includes All, No, or Some Utilities

**U10026    MOVE-IN HOUSING ALLOWANCE (MIHA)**

- A. General
- B. Rules and Information

**U10028    OHA ADVANCE PAYMENT**

- A. Authorization
- B. Amount
- C. Liquidation
- D. Advance Rent Currency Rate Protection



# OHA JFTR, Vol.1, Chapter 10

OHA is posted to the MMPA using a Format-ID (FID) 43 and appears in the MMPA under the ~~Transaction~~ actual amount of rent paid and the currency type paid from the as determined by the member's lease and DD Form, is used in the Rent Paid and currency field of the DMO transaction. The Location Code obtained from the OHA Query or from the JFTR, Appendix K link.

4301 Start - Overseas Housing Allowance (OHA)

Member Information  
SSN: 009009009 Name: BAGIN Cycle: D6 Julian Date: 202

Action Type  
☒ Start ☐ Stop ☐ Report ☐ Cancel

Transaction Information

Start Date: ...  
JFTR Location: ...  
Accompanied Status: ...  
Rent Paid: ...  
Currency Code: ...  
Number of Sharers: ...  
Sharer Category: ...

Rent: ...  
Utility: ...  
Utility Indicator: ...  
Utility Indicator Air: ...  
Utility Indicator Water: ...  
Utility Indicator Trash: ...  
Rent Lease Date: ...

OK  
Cancel  
Prefill  
Inquiry  
History  
Print  
Help

Input Source: FC

OHA Query or from the JFTR, Appendix K

Lease and DD Form





## OHA JFTR, VOL.1, Chapter 10



- OHA Related Transactions - Overseas Housing Allowance is paid with FID 43 and members are also entitled to Move-In Housing Allowance (MIHA, the 42 entry)
- If BAQ DIFF is present on the account without the corresponding BAQ (FID 35 entry) field, the 43 transaction (or any OHA transaction) will recycle
- If the member is receiving BAQ-DIFF and does not have BAQ (CLOST-BAQ-DEPN code I or R), he is not entitled to OHA



# Family Separation Allowance (FSA) DoD 7000.14-R, VOLUME 7A, CHAPTER

27



**# Family Separation Allowance** - FSA is payable only to service members with dependents. To be entitled, the family separation must be involuntary. That is, the dependent(s) may not accompany the member at government expense. A service member must apply for FSA by submitting a completed DD Form 1561, Statement to Substantiate Payment of Family Separation Allowance (FSA) to the member's finance office.





# Family Separation Allowance (FSA)

## DoD 7000.14-R, VOLUME 7A, CHAPTER

27



### Rules

- Payable only to members with dependents
- May not receive more than one payment of FSA for the same period
- FSA provides compensation for added expenses incurred because of an enforced family separation
- Member married to Member - Each member may be entitled to FSA within the same month, but both cannot simultaneously be entitled (when based solely on spouse)

STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)			
PRIVACY ACT STATEMENT			
<b>AUTHORITY:</b> Title 37, U.S. Code, Section 427.			
<b>PRINCIPAL PURPOSE:</b> To evaluate member's application for FSA.			
<b>ROUTINE USES:</b>			
a. Serves as substantiating document for FSA payments and input into the member's pay account.			
b. Provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments.			
c. Provides a record in service member's pay account and for safekeeping.			
<b>DISCLOSURE:</b> Disclosure of your social security number and other personal information is voluntary. However, if requested information is not provided, FSA will not be considered.			
1. NAME OF MEMBER (Last, First, Middle Initial)	2. GRADE	3. SOCIAL SECURITY NUMBER	4. BRANCH AND ORGANIZATION
PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA			
5. TYPE II (X as applicable)		6. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S)	
<input type="checkbox"/> FSA-T (Temporary) <input type="checkbox"/> FSA-R (Restricted) <input type="checkbox"/> FSA-S (Ship)			
7. DATE (DDMMYY) DEPARTED RESIDENCE TO UNIT HOME STATION (Mobilized Members)			
8. I CERTIFY TO THE FOLLOWING FACTS (X applicable box(es))			
<input type="checkbox"/> a. I am not divorced or legally separated from my spouse.			
<input type="checkbox"/> b. My dependent child (children) was (were) not in the legal custody of another person when I received my military orders.			
<input type="checkbox"/> c. My dependent (other than my spouse, see line f. below) is not a member of the military service on active duty.			
<input type="checkbox"/> d. My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.			
<input type="checkbox"/> e. I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) shown above, where I likely reside during periods of leave or such other times as my duty assignment may permit.			
<input type="checkbox"/> f. I am married to another military member currently serving on active duty and my spouse <input type="checkbox"/> was <input type="checkbox"/> was not residing with me immediately before being separated by execution of my military orders.			
Spouse's SSN: _____ Branch and Component: _____			
<input type="checkbox"/> g. My last TDY or deployment, if any, <input type="checkbox"/> was <input type="checkbox"/> was not within the last 30 days from this TDY or deployment.			
9. I understand that I must notify my commanding officer <u>immediately</u> upon any change in dependency status and if my sole dependent or all of my dependents move to or near this station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T (Temp) or FSA-S (Ship)) while I am in receipt of FSA.			
a. DATE (DDMMYY)		b. SIGNATURE OF MEMBER	
PART II - CERTIFYING OFFICER COMPLETES THE APPROPRIATE SECTION(S) BELOW			
10. TYPE II - FSA-T. Member has been ordered to and has performed temporary duty (TDY) at the location(s) shown below for more than 30 continuous days. This (these) location(s) is (are) outside a reasonable commuting distance from the member's permanent duty station (PDS) (pertains to active component) or the home of residence (HOR) (pertains to reserve component). A distance of 50 miles, one way, is normally considered to be within a reasonable commuting distance of a PDS or HOR. "Within a reasonable commuting distance" also may include distances of less than 50 miles and the time required to travel, under unusual conditions, does not exceed 1-1/2 hours. (Attach a blank page for continuation if necessary.)			
a. LOCATION		b. INCLUSIVE DATES OF TDY/T (From/To)	c. NO. OF DAYS
11. TYPE II - FSA-R. Member departed (PCS/detached) from _____ (Last permanent duty station) on _____ (DDMMYY) and was on leave en route _____ (Inclusive leave dates - DDMMYY) . proceed time _____ (Inclusive dates) and the member reported to _____ (PDS) on _____ (DDMMYY) . Transportation of dependent(s) is not authorized at government expense to this station or to a place near this station.			
12. TYPE II - FSA-S. Member was serving on orders, on board ship, away from homeport commencing (DDMMYY) _____ .			
a. NAME OF SHIP/UNIT		b. HOMEPORT	
13. Travel performed under authority of orders _____ , dated _____ .			
14. Member claiming Type II FSA, is receiving basic allowance for housing (BAH) (or residing in government type quarters) as a member with dependents or member married to a military member.			
15. DATE (DDMMYY)		16. CERTIFYING OFFICER	
a. TYPED NAME (Last, First, Middle Initial)		b. TITLE	
c. ORGANIZATION		d. SIGNATURE	



## Family Separation Allowance (FSA)



DoD 7000.14-R, VOLUME 7A, CHAPTER 27

- Effective October 1, 2008, FSA is payable to both married members when they reside together with their dependents immediately before being simultaneously assigned to duty assignments prescribed in subparagraphs 270103.A.1 through 3
  - The dual allowance shall continue until one of the members is no longer assigned to one of those duty assignments
  - The other member shall continue to receive the allowance until no longer assigned to one of those duty assignments





# Family Separation Allowance (FSA)



## DoD 7000.14-R, VOLUME 7A, CHAPTER 2

65 FSA\* ENTRY-OPEN-DT 060106 02 01 1 CNTRL-CODE 0 ACTN 01  
START 051205

ENTLMT-MM 125.00 ENTLMT 250.00 ENTLMT-NM 100.00 FSA T 2-  
ENTRY-INDCT 0

65 FSA\* ENTRY-OPEN-DT 051026 01 11 1 CNTRL-CODE 0 ACTN 01  
START 050925

ENTLMT-MM 125.00 ENTLMT 250.00 ENTLMT-NM 100.00 FSA S 2-  
ENTRY-INDCT 0

65 FSA\* ENTRY-OPEN-DT 051207 08 12 1 CNTRL-CODE 0 ACTN 01  
START 050918

ENTLMT-MM 125.00 ENTLMT 250.00 ENTLMT-NM 100.00 FSA R 2-  
ENTRY-INDCT 0

**FSA - type of FSA**

**S - aboard ship separated from dependents (Type II/Ship)**

**T - Temporary Duty Station, separated from dependents more**

**than 30 days (Type II/TDY)**

**R - restricted from bringing their dependents to new duty**

**station at government expense (Type II/PCS)**





# Family Separation Allowance (FSA)

## DoD 7000.14-R, VOLUME 7A, CHAPTER 2

STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)			
<b>PRIVACY ACT STATEMENT</b>			
<b>AUTHORITY:</b> Title 37, U.S. Code, Section 427.			
<b>PRINCIPAL PURPOSE:</b> To evaluate member's application for FSA.			
<b>ROUTINE USES:</b> a. Serves as substantiating document for FSA payments and input into the member's pay account. b. Provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments. c. Provides a record in service member's pay account and for safekeeping.			
<b>DISCLOSURE:</b> Disclosure of your social security number and other personal information is voluntary. However, if requested information is not provided, FSA will not be considered.			
1. NAME OF MEMBER (Last, First, Middle Initial)	2. GRADE	3. SOCIAL SECURITY NUMBER	4. BRANCH AND ORGANIZATION
<b>PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA</b>			
5. TYPE II (X as applicable): <input type="checkbox"/> FSA-T (Temporary) <input type="checkbox"/> FSA-R (Restricted) <input type="checkbox"/> FSA-S (Ship)			
6. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S)			
7. DATE (DDMMYY) DEPARTED RESIDENCE TO UNIT HOME STATION (Mobilized Members)			
8. I CERTIFY TO THE FOLLOWING FACTS: a. I am not divorced or legally separated from my spouse. b. My dependent child (children) was (were) not in the legal custody of another person when I received my military orders. c. My dependent (other than my spouse, see line f. below) is not a member of the military service on active duty. d. My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year. e. I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) shown above, where I may reside during periods of leave or such other times as my duty assignment may permit. f. I am married to another military member currently serving on active duty and my spouse <input type="checkbox"/> was <input type="checkbox"/> was not residing with me immediately before being separated by execution of my military orders. Spouse's SSN: _____ Branch and Component: _____ g. My last TDY or deployment, if any, <input type="checkbox"/> was <input type="checkbox"/> was not within the last 30 days from this TDY or deployment. 9. I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependent or all of my dependents move to or near this station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T (Temp) or FSA-S (Ship)) while I am in receipt of FSA.			
a. DATE (DDMMYY)		b. SIGNATURE OF MEMBER	
<b>PART II - CERTIFYING OFFICER COMPLETES THE APPROPRIATE SECTION(S) BELOW</b>			
10. TYPE II - FSA-T. Member has been ordered to and has performed temporary duty (TDY) at the location(s) shown below for more than 30 continuous days. This (these) location(s) is (are) outside a reasonable commuting distance from the member's permanent duty station (PDS pertains to active component) or the home of residence (HOR pertains to reserve component). A distance of 50 miles, one way, is normally considered to be within a reasonable commuting distance of a PDS or HOR. "Within a reasonable commuting distance" also may include distances of less than 50 miles and the time required to travel, under unusual conditions, does not exceed 1-1/2 hours. (Attach a blank page for continuation if necessary.)			
a. LOCATION	b. INCLUSIVE DATES OF TDY (From-To)	c. NO. OF DAYS	
11. TYPE II - FSA-R. Member departed (PCS/detached) from _____ on _____ (Last permanent duty station) (DDMMYY) and was on leave en route _____, proceed time _____ (inclusive leave dates - DDMMYY) and the member reported to _____ on _____ (inclusive dates) (DDMMYY). Transportation of dependent(s) is not authorized at government expense to this station or to a place near this station.			
12. TYPE II - FSA-S. Member was serving on orders, on board ship, away from homeport commencing (DDMMYY) _____.			
a. NAME OF SHIP/UNIT		b. HOMEPORT	
13. Travel performed under authority of orders _____, dated _____.			
14. Member claiming Type II FSA, is receiving basic allowance for housing (BAH) (or residing in government type quarters) as a member with dependents or member married to a military member.			
15. DATE (DDMMYY)			
<b>16. CERTIFYING OFFICER</b>			
a. TYPED NAME (Last, First, Middle Initial)		b. TITLE	
c. ORGANIZATION		d. SIGNATURE	

6501 - Start - Family Separation Allowance (FSA)	
<b>Member Information</b>	
SSN	009009009
Name	BILBO
Cycle: D6 Julian Date: 202	
<b>Action Type</b>	
<input checked="" type="radio"/> Start <input type="radio"/> Stop <input type="radio"/> Report <input type="radio"/> Correct <input type="radio"/> Cancel <input type="radio"/> Recycle	
<b>Transaction Information</b>	
Start Date	...
FSA Type	R - FSA II (Restricted) PCS S - FSA II (Ship) T - FSA II (Temporary) TAD/TDY
Input Source GR	
OK Cancel Prefill Inquiry History Print Help	



## Military Pay E-message 10-046

SUBJECT: FSA for Service members who acquired a Dependent while on R&R.

Issued: April 16, 2010

When a Soldier is at a TDY/TCS location for a period of 30 or more continuous days, during that tour the Soldier goes on R&R for a brief period and gets married. The Soldier then returns to the TDY duty location without the newly acquired dependent. If the Soldier has at least 30 days or more remaining on his/her TDY after getting married, he/she is entitled to FSA-T starting on the date he/she acquired the dependent (i.e. the date of marriage).

Payment may not be made until after elapse of 30 days from the date of marriage





# Family Separation Allowance (FSA):



## **IAW Chapter 27, DOD FMR 7000 .14-R Volume 7a**

- Soldiers in a TCS status may be authorized FSA Type II (T) at the rate of \$250 per month,, when a soldier is away from their PDS (for mobilized RC personnel this is their home of residence) continuously for a period of 30-days, and the soldier's dependents are not residing at or near the TCS station. Army/service married couples who were living together prior to and immediately before the deployment and single soldiers with authorized primary dependents may be paid FSA-T. Relocation of dependents at government expense is not authorized.





# Incentive Pay

## DoD 7000.14-R, VOLUME 7A, CHAPTER 24

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## Incentive Pay

DoD 7000.14-R, VOLUME 7A, CHAPTER

24



- General: Incentive pays are compensation a Soldier receives for performance of Hazardous duty. Entitlement to and requirements for each incentive pay are found in DoDFMR.
- Rates Payable: Compute the various types of incentive pays on a thirty day month basis. The various rates payable are contained in the DODFMR and are authorized by competent orders issued by HRC.
- Subject to federal tax withholding and, if applicable, state tax



Incentive Pay  
DoD 7000.14-R, VOLUME 7A,  
CHAPTER 24



## # INCENTIVE PAY -

- Hazardous Duty – Other than aerial flights
  - Parachute Duty
  - Flight Deck Duty
  - Demolition Duty
  - Experimental Stress Duty

\*\*\*\*\*There are 8 additional  
pays\*\*\*\*\*





## (HDIP)

### DoD 7000.14-R, VOLUME 7A, CHAPTER 24



- When the requirements have been met, entitlement to hazardous duty incentive pay (HDIP) commences on the date the member reports for and enters on duty in compliance with competent orders. Entitlement ceases on the effective date published in orders for termination of such duty or the date the member is detached from and no longer required to perform the hazardous duty, whichever occurs first.



## DEMOLITION DUTY PAY

- ⚡ Demolition duty pay is payable to Soldiers under **competent orders** to perform duty involving the demolition of explosives.
- ⚡ To qualify for demolition duty pay, an individual's primary duty assignment must involve the demolition of explosives and includes training for duty in one or more of the functions listed in DODFMR, 240401b .
- ⚡ He/she receives this entitlement as long as he/she performs such duty during the month involved.
- ⚡ The servicing HRC publishes orders authorizing or terminating this entitlement.
- ⚡ A certificate of nonperformance is initiated by the unit, if applicable, and sent to finance for collection.
- ⚡ Paid at a rate of \$150.00 monthly per (240102A)





# Incentive Pay

## DoD 7000.14-R, VOLUME 7A,

### CHAPTER 24



### SAMPLE DEMOLITION ORDERS



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 23RD ARMORED DIVISION  
FORT STEWART, GEORGIA 31314

21 March 20\*\*

ORDERS 10-12

DAVID, JOHN B. 000-33-7777, SGT, 23RD EOD BN  
FORT STEWART, GA 31314

You will perform or terminate hazardous duty as indicated.

ACTION: **PERFORM**

AUTHORITY: DODFMR AND AR 37-104-3

TYPE DUTY: **DEMOLITION**

Additional Pay Code: 1

Special qualification identifier awarded: NA

EFFECTIVE DATE: **19 March 20\*\***

Date additional pay terminated: NA

Format: 332

DISTRIBUTION:

(1)-COMMANDER

(5)-PSNCO

(10)-SOLDIER

*Charles K. King*

CHARLES K. KING  
MAJ, AGC  
ADJUTANT GENERAL

AAA4C103.1313.0108.VG

\*\*\* FOR INSTRUCTIONAL PURPOSES ONLY \*\*\*

32

**1001 Start - Demolition Duty**

**Member Information** Cycle: A2 Julian Date: 158

SSN  Name

**Action Type**

☒ Start ☐ Stop ☐ Report ☐ Correct ☐ Cancel

**Transaction Information**

Start Date

Input Source





## PARACHUTE DUTY PAY

- # Parachute duty pay, commonly referred to as "jump pay", is paid to a Soldier that performs duty involving parachute jumping as an essential part of his/her military duty.
  - Assigned by competent orders (published by the Human Resource Center)
  - Performs at least one parachute jump every three months
    - Can perform the jump in any calendar month
      - That jump qualifies for that month plus two preceding months
      - For that month plus two succeeding months
      - For that month plus one preceding month and one succeeding month.



# Incentive Pay

## DoD 7000.14-R, VOLUME 7A, CHAPTER

### 24



### **SAMPLE PARACHUTE ORDERS**



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 23RD ARMORED DIVISION  
FORT STEWART, GEORGIA 31314

ORDERS 10-12

02 OCT 20\*\*

BOSTIC, PAUL D. 999-22-4423, SSG, 23RD MED SPT BN  
FORT STEWART, GA 31314

You will perform or terminate hazardous duty as indicated.

ACTION: **PERFORM**

AUTHORITY: DODFMR AND AR 37-104-3

TYPE DUTY: **PARACHUTE**

Additional Pay Code: 1

Special qualification identifier awarded: NA - IF authorized HALO would appear here

EFFECTIVE DATE: **2 October 20\*\***

Date additional pay terminated: NA

Format: 332

DISTRIBUTION:  
(1)-COMMANDER  
(5)-PSNCO  
(10)-SOLDIER

*Charles K. King*

CHARLES K. KING  
MAJ, AGC  
ADJUTANT GENERAL

AAA4C103.1313.0108.VG

\*\*\* FOR INSTRUCTIONAL PURPOSE ONLY \*\*\*

27

1501 Start - Parachute Jump-Pay

Member Information

SSN 999224423 Name BOSTI

Cycle: A1 Julian Date: 158

Action Type

☒ Start ☐ Stop ☐ Report ☐ Change ☐ Correct ☐ Cancel

Transaction Information

Start Date 051002 ...

High Altitude Low Opening

High Altitude Low Opening:  
2 = HALO  
Other: Blank

Input Source FI

OK Cancel Prefill Inquiry History Print Help





# Incentive Pay DoDFMR, Volume 7A, CH. 24, Para. 240301 to 240304



DEPARTMENT OF THE ARMY  
HEADQUARTERS, 23RD ARMORED DIVISION  
FORT STEWART, GEORGIA 31314

Orders 8-112 4  
August 20\*\*

GAETTI, GARY 111-11-3675, SSG, 23RD MED SPT BN  
Ft Stewart, GA 31314.

You will perform or terminate hazardous duty as indicated.

ACTION: PERFORM

AUTHORITY: DODFMR and AR 37-104-4

TYPE DUTY: Flight Pay (Non-crewmember)

EFFECTIVE DATE: 4 AUG 20\*\*

Additional pay code: 1

Special qualification identifier awarded: NA

Date additional pay terminates: NA

Format: 332

Distribution:

- (1)- Commander General
- (2)- PSNCO
- (5)- Soldier

IDA SAYSO  
IDA SAYSO  
MAJ, AG  
Adjutant

The FID 11 entry is used to record Flight Deck Duty in DJMS, and is a taxable entitlement.

1101 Start - Flight Deck Duty

Member Information

SSN: 111111111 Name: ANDER

Cycle: A2 Julian Date: 301

Action Type

☒ Start ☐ Stop ☐ Report ☐ Correct ☐ Cancel

Transaction Information

Start Date: [ ]

OK Cancel Prefill Inquiry History Print Help

Input Source: LA



Incentive Pay  
DoD 7000.14-R, VOLUME 7A,  
CHAPTER 24



- ⚡ Members who qualify for incentive pay for more than one type of hazardous duty may receive no more than two payments for the same period





# Special Pay

## DoD 7000.14-R, VOLUME 7A, CHAPTER 24

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## Medical Specialty Pay



- Paid if soldiers are qualified, except for their lack of board certification, and their inability to complete board re-certification, is due to participation in the contingency operation. Re-certification must be completed within 180-days after the return from the contingency operation IAW 37 USC Section 303b.





## HARDSHIP DUTY PAY

### DoD 7000.14-R, VOLUME 7A, CHAPTER 17



- HDP is payable to members entitled to basic pay, at a monthly rate not to exceed \$300, while the member is performing duty designated by the Secretary of Defense as hardship duty.
- Paid to Members:
  - (1) for performing specific missions or
  - (2) when assigned to designated locations.
- Except as noted under restrictions, HDP is payable in addition to all other pay and allowances.



## HARDSHIP DUTY PAY

### DoD 7000.14-R, VOLUME 7A, CHAPTER 17



#### **■ Hardship Duty Pay for Mission Assignment (HDP-M)**

- payable to members, both officer and enlisted, for performing designated hardship missions

#### **■ Hardship Duty Pay for location Assignment (HDP-L)**

- payable for either PCS or temporary/deployed/attached duty of over 30 days duration in specified locations.
  - Hardship Duty Location Pay for Designated Areas (HDP-L(DA)) is payable to both officer and enlisted members when assigned to duty in the location, under the conditions set forth in Table 17-1
  - Hardship Duty Location Pay for Certain Places (HDP-L(CP)) is payable to enlisted members when assigned to duty in the locations designated, under the conditions set forth in Table 17-2



# HARDSHIP DUTY PAY

## DoD 7000.14-R, VOLUME 7A, CHAPTER 17



## # Start Hardship Duty Pay Location (1401)

## # Documents Needed

- Boots on ground memo (B.O.G)
- DA Form 4187
- Copy of the service members TCS orders with manifest (if not individual orders).

The screenshot shows a web-based form titled "1401 - Start Hardship Duty Pay". The form is divided into several sections:

- Member Information:** Contains fields for "SSN" (123456789) and "Name" (SANTI). To the right, it displays "Cycle: L7" and "Julian Date: 302".
- Action Type:** A row of radio buttons with labels: "Start" (selected), "Stop", "Report", "Change", "Correct", and "Cancel".
- Transaction Information:** Contains fields for "Start Date" (080415) and "Location Code" (KU002).
- Buttons:** A vertical column of buttons on the right side: "OK" (with a green checkmark), "Cancel" (with a red X), "Prefill" (with a document icon), "Inquiry" (with a magnifying glass icon), "History" (with a book icon), "Print" (with a printer icon), and "Help" (with a question mark icon).
- Input Source:** A dropdown menu at the bottom right, currently showing "LI".





# HARDSHIP DUTY PAY

## DoD 7000.14-R, VOLUME 7A, CHAPTER 17



### **Check in DJMS**

### **MMPA lines: 14, SG, SB, SA, LC**

- **14 line** and make sure there is no open period
  - If there is a closed period, make sure the dates you are inputting do not overlap with the dates on the MMPA, code after close period.
- **SG line**,
  - if the start date of the 14 is before the service member's arrival date to their duty station, **IT WILL REJECT**
- **SB line**
  - if they have leave dates that fall on the same time as their 14 date **IT WILL REJECT** because SM is in a leave status during this period.
- **SA line**
  - make sure it reads "A" (active status).
    - If the SA reads anything other than "A" DO NOT CODE THE 14. The service member's status needs to be corrected first.
    - If the SA line reads "A", check the LC make sure it is not 9999 (transit status)



## Hardship Duty Pay – Location (HDP-L)



- ✦ Authorized for specific areas within the AOR. Rates are established for specific countries and are listed in chapter 17 of DODFMR Volume 7a



## Military Pay E-Message 08-019

### Military Pay E-Message 08-019

SUBJECT: Hazardous Duty Pay-Location (HDP-L)

Effective with the March Processing Month (25 February 2008) HDP-L moved from the 09 format ID to 14 format ID.

The format 14 entry will be displayed on the MMPA effective 4 March 2008 for the HDP-L Entitlement.





# Hostile Fire/Imminent Danger Pay (HFP/IDP)

## **Hostile Fire Pay (HFP)**

This entitlement is payable when, as certified by the appropriate commander, a member is:

- Subjected to hostile fire or explosion of a hostile mine, or
- On duty in an area in close proximity to a hostile fire incident and the member is in danger of being exposed to the same dangers actually experienced by other Service members subjected to hostile fire or explosion of hostile mines, or
- Killed, injured, or wounded by hostile fire, explosion of a hostile mine, or any other hostile action.

## **Imminent Danger Pay (IDP)**

- This entitlement is payable when a member is on official duty in a designated IDP area.



## Hostile Fire Pay (HFP) IAW Chapter 10, DOD FMR Volume 7a



- Also known as combat zone pay. Authorized for specific areas within the AOR. The President under an Executive Order must declare HFP (see [Chapter 10 DOD FMR](#) for a complete listing of locations)
- Authorized for specific areas within the AOR at the rate of \$225 per month. IDP locations authorized are listed in Chapter 10 of [DOD FMR Volume 7a](#)





## Imminent Danger Pay (IDP) IAW Chapter 10, DOD FMR Volume 7

The 2012 National Defense Authorization Act (NDAA) changed the method by which a member is entitled to Imminent Danger Pay (IDP). Previously, if a member was in an area designated for IDP for even one day out of a calendar month, the member received the full monthly entitlement of \$225.00. Under the changes in the NDAA, a member is entitled to a daily amount of \$7.50 for each calendar day, or portion of a day, spent in the area, not to exceed \$225. This did not affect Hostile Fire Pay (HFP), which is still paid at a monthly rate of \$225.00 for any month in which the member qualifies for the entitlement for even one day within the month. Members may not be paid both IDP and HFP for the same month. Also a member is not entitled to IDP for the 31<sup>st</sup> day of the month.





# Hostile Fire Pay (HFP) /Imminent Danger Pay (IDP) IAW Chapter 10, DOD FMR Volume 7a



## ☒ Start Hostile Fire/Imminent Danger Pay (2301)

### ☒ Rules:

- not taxable when a member is assigned to a combat zone
- Designated areas for HFP/IDP are available using the verb JWMM and Tables 054 and 154

### ☒ Documents Needed

- DA Form 4187
- Copy of the service members TCS orders with manifest (if not individual orders)

2301 Start - Hostile Fire Pay

Member Information  
Cycle: K7 Julian Date: 061  
SSN: 987654321 Name: DOE

Action Type  
☒ Start ☐ Stop ☐ Report ☐ Correct ☐ Cancel

Transaction Information

Start Date: 070101 ...  
CZ Deduction: 2 - FITW and SITW based on taxable wage  
HFP IDP Qualifier: 1 - HFP area (Rules 1 and 2)  
Country Code: IZ  
Country Code CZTE: IZ

Input Source: DM

OK Cancel Prefill Inquiry History Print Help



# Hostile Fire/Imminent Danger Pay DoD 7000.14-R, VOLUME 7A, CHAPTER 10



23 HOSTILE FIRE/IMMINENT DANGER PAY\* ENTRY-OPEN-DT  
050621 18 06 2 CNTRL-CODE 0 ACTN 01 START 050601  
ENTLMT-MM 112.50 ENTLMT 225.00 ENTLMT-NM 225.00 HFP-  
IDP-QUAL 2 CNTRY-WORLD QA

**CZ DEDUCTION:** Must be 0-4 for officers and 0 or 1 for enlisted members or warrant officers.

0 = No CZTE

1 = No FITW or SITW

2 = FITW and SITW based on taxable wage

3 = FITW and SITW based on taxable wage, without regard to wage exclusion

4 = Prior election

## **HFP IDP QUALIFIER:**

Must be 1, 2 or 7. Make a selection from the Drop-down list;

choices are:

1 = HFP area (Rules 1 and 2)

2 = HFP/CZTE area (Rules 1 and 2)

7 = IDP/CZTE area

designated to be in support of Combat zone operations.



# Combat Zone Tax Exclusion - Post only Tax Exclusion



- **START DATE:** YYMMDD entitlement starts.
- **COMBAT ZONE DEDUCTION:** For officers, enter applicable code:
  - 1 = No FITW or SITW
  - 2 = FITW and SITW based on taxable wage
  - 3 = FITW and SITW based on taxable wage, without regard to wage exclusion
  - 4 = Prior election
- For enlisted members or warrant officers, enter 1 (No FITW or SITW)
- **COUNTRIES OF THE WORLD:** Must be alphanumeric

FL01 Start - Separate Combat Zone Tax Exclusion

Member Information  
SSN 111111111 Name ANDER Cycle: H2 Julian Date: 020

Action Type  
☒ Start ☐ Stop ☐ Report ☐ Correct ☐ Cancel

Transaction Information

Start Date 060126 ...

Combat Zone Deduction 3 - FITW and SITW based on taxable wage, without regard to ...

CZTE Country Code QA - QATAR ...

Input Source LA

OK Cancel Prefill Inquiry History Print Help





# Hostile Fire/Imminent Danger Pay DoD 7000.14-R, VOLUME 7A, CHAPTER 10



**BT TAX EXEMPT LEAVE BALANCE\*** ENTRY-OPEN-DT 050801 06 08 1 ACTN B3 ARV-ZONE 041112 DEPRZ-ZONE 050704 ERND-ZONE 22.5 USED-ZONE 9.0 BAL-ZONE 13.5 ADV-PR-ZONE 0.0 OFF-ENLST E EFF-DATE-LAST-TRANS 051223 ENTRY-OPEN-CLOSD 0

**BT-TAX EXEMPT LEAVE BALANCE\*** ENTRY-OPEN-DT 060103 04 01 1 ENTRY-CLSDDT 060103 04 01 1 ACTN B3 ARV-ZONE 041112 DEPRZ-ZONE 050704 ERNDZONE 22.5 USED-ZONE 9.0 BAL-ZONE 13.5 ADV-PR-ZONE 0.0 OFF-ENLST E EFF-DATE-LAST-TRANS 051223 ENTRY-OPEN-CLOSD U AUTH-NR GC06250

DAYS-COUNT 2.0 START-TAX 000000 START-TAX-DAYS 0.0 START-TAX-USED 051222

**BS HFP CZ LV BAL\*** ENTRY-OPEN-DT 050621 18 06 2 BF-ENTRY-CZ 31.5 ERN-CZ 22.5 CZ-CON 54.0 LEAVE-CODE 1 ARV-HFP 050619 DEPRZ-HFP 000000 FYEXPRTN- DATE 0000 EFF-DATE-LAST-TRANS 050619 FORMAT-ID 23

**23 HOSTILE FIRE/IMMINENT DANGER PAY\*** ENTRY-OPEN-DT 050621 18 06 2 CNTRL-CODE 0 ACTN 01 START 050601 ENTLMT-MM 112.50 ENTLMT 225.00 ENTLMT-NM 225.00 HFP-IDP-QUAL 2 CNTRY WORLD AF

**FL TXBL-WAGES CZ XCLUSN\*** ENTRY-OPEN-DT 050621 18 06 2 CNTRL-CODE 0 ACTN 01 START 050601 CZ-DEDTN 1 CNTRY-WORLD AF

1 = No  
FITW or  
SITW

(6) To post an entry of only Combat Zone within IAS submit a FL01.

(7) To correct an entry of CZTE submit an FL05 within IAS. If the entry was posted due to the input of a 23 FID transaction YOU MUST CORRECT WITH THE 2305.

(8) To cancel an entry of CZTE and remove effects within IAS submit a FL06 transaction.



# DA 2142 Pay Inquiry

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# DA 2142

## Pay Inquiry



PAY INQUIRY		BLOCK NUMBER	
For use of this form see AR 37-104-3; the proponent agency is USAFAC.		INQUIRY NO.	DATE Current Date
SECTION I (To be completed by soldier)			
NAME (Last, First, Middle) Complete Name	SSN	GRADE GRADE/RAN	
UNIT Current Unit of Assignment		PHONE NUMBER Phone Number	
NATURE OF PAY INQUIRY (Be specific)  List the nature of your Pay Inquiry. Be as clear as possible. State exact issue and give as much details as possible. Attach supporting documentation.			
SECTION II (To be completed by Unit Commander)			
<input type="checkbox"/> 1. Supporting document(s) submitted or will be submitted to finance.	DATE	TL NUMBER	
<input type="checkbox"/> 2. Local payment. Soldier has been counseled regarding impact on future pay. My recommendation is to approve/disapprove (cross out the appropriate word) the local payment.			
<input type="checkbox"/> 3. Other (Specify)			

Completed by  
Unit S-1





# DA 2142 Pay Inquiry



<input type="checkbox"/> 3. Other (Specify)	
Signature of Unit Commander (or soldier as appropriate).	
DATE	
SECTION III (To be completed by Finance)	
PROBLEM	<input type="checkbox"/> Allotment <input type="checkbox"/> Non-receipt Check
	<input type="checkbox"/> Entitlements <input type="checkbox"/> Non-receipt LES
	<input type="checkbox"/> Collection <input type="checkbox"/> Other (Specify)
	<input type="checkbox"/> Leave
INQUIRY ANALYSIS CAUSE	
<input type="checkbox"/> 1. Non-receipt of document from Unit Commander.	
<input type="checkbox"/> 2. Late receipt of document from Unit Commander.	
<input type="checkbox"/> 3. Document received - Finance did not process.	
<input type="checkbox"/> 4. Document received and processed but rejected on DJUOL.	
<input type="checkbox"/> 5. Document received from Unit Commander on time but too late to be processed prior to JUMPS cutoff.	
<input type="checkbox"/> 6. Problem with prior station.	
<input type="checkbox"/> 7. USAFAC	
<input type="checkbox"/> 8. Other (Specify)	
DESCRIPTION OF CAUSE AND ACTION TAKEN.	
ACTION REQUIRED	
<input type="checkbox"/> DA Form 3684 <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Local Payment
INQUIRY EVALUATION	
<input type="checkbox"/> Valid <input type="checkbox"/> Invalid	
DATE APPROVED LOCAL PAYMENT PAID	
SIGNATURE OF PAY CLERK	

Finance Office  
Select what caused issue

What caused problem?

Ensure answer is accurate and complete. State when Member will see the pay change or problem corrected. DO NOT use Finance jargon.

Select  
Valid/Invalid

Must sign DA2142



??Questions??

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